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(2) One of the meds listed above (1) Other Medications/None Fall Risk Total: 15

Cognitive Impairment: 3
(3) Not Aware of Limitations
(2) Forgets Limitations
(2) Ordented to Own Ability

FALL PRECAUTIONS

Fail Precaution #1;

lonal/Psychiatric Assessment: Pediactric/ quiets easily d'Aryone Else Be Included in Your Teaching: N lí Yes, Who: Have Thoughts Of Marming Yourself: No p Feel Abused Or Neglected In Anyway: No

EXHIBIT

Potential Barrier to Learning:

Narcotic

Age	Age/Sex: 4Y 04% F	Attending: Iran, Sharon N.D.	m X X.5.	HENDERBON,	TAPL I	Page: 7 o£ 35	
Adm.	Dait #: XCC0629604 Admitted: 03/20/16 at 1132	Account #: x32_20206 Iocation: 5ES	3M	Wilis-Wnighton South Nursing	h Nursing **ve**	Princed 10/01/19 at 1352	
ά Į	Status: JIS IN	Koom/Bed: K.Epp.4-1		HIYS PRINT ALL NURSING INFORMATION	SING INFORMATION		
Pr	Problem/Gozi/Intervention Description	Jescription		1	Problem/Goal/Intervention Description		
	Accivity Occurred	Recorded Te by Date Tima	Sts Directions  Documented  by Comment  Units	ron Change	Activicy Occurred Recorded Type Date Time by Date	Sts Directions From disconnected June by Comment Units Change	
[ A	Activity Date: 03/10/16	Time: 1338 (continued)	nued)		Activity Date: 03/10/16 Time: 1338	(contined)	-
ម្ចុំ ម៉	100522 Fediatric Admit Assessment (continued) Child Has A Group Of Pears W\ Whom Yuch Free Time Is Spent:	Pediatric Admir Assessment (continued) roup Of Peers W/ Whom Xuch Free Time I	d) Is Spent:		100522 Pediatric Admit Assessment (continued) Are You In a Situation Which Causes You Fear, Pain or	ont_rued: r. Pain or injury:	,
	14-18 YEA3S: With Wiom Do You Live:				Emergency Contact: Name: Home Number: Cuiter Number:		
발 있	Do You Have Any Brothers:  Not the Bay Stochers:  Not the Bay Stochers:	How Many Brothers:			SEDIATE SASISTINE DEVICES	SISTIVE DEVICES	
ı ə.q	Are You Able To Talk To Your Parents:	row rank aracers:	Wost Thispas	Frings? Nothing?	FALEN, -S AN ANTANA, N Glasses, Not Applicable Heav'ng hid(s), Not Applicable	Contacts: Not Applicable	
, dA	Abie Talk To Parents:		3		Credit Carcs: Not Applicable	Wallet: Not Applicable	
Wir	What Grade Are You In School:	:10			Jewelry: Not Applicable	Water: Not Applicable	
er w	What kind of grades do you make (Good/Fair/Foor):	rake (Good/Fair/Poor):			Other: NA	usposition: Not Applicable Disposition: Not Applicable	
DO M	what wind ut hampines to you make.  Do You selding To Any Clubs, Groups, or Gange: Which Ones:	maye: Groups, or Gange: While	ದ್ದು Ones:		Cane: N Walker: N W/C: W Advised To Keep Glasses, Contacts, Dentures, Have You Signed An ORGAN DOWNITON CARD: N	Disposition: Not Applicable 8, Sto in Drawer: Y	
Are	Are You Allowed To Date Yet: Have You Had Sex Education At School:	: At Scrool:			Recent History Of: Falls: N Bed Rails: Y **Restraints: N	<pre>"Y "Family Or Sitter: Constantly "Restraint Type:</pre>	
#1	II Not, Refer To Monthly Program Growing Up Gixls/Boys: Interested Not Interested	ogram Growing Up Girls/	Boys: Interested In Program: Not Interested In Program:			: Y Telephone:	
11. 1-1 1	Ferales: Have you had your fixst period: If Yes, what age (yrs) did you have your first period:	Have you had your first pariod: Ge (yrs) did you have your first per	-poq:		Mireing Bedeide Moinds: Y TV: Y I	ods: Y	
1	if Yes, when Was Your Last Period:	Per 100:			Pediatric Fell Risk Assessment	Erv'rorrenta, Factors: 4	
ā	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HIST			Age: 4		
E CA	Place of Birth (City and Hospital): SHREVERORT	spital): SHREVERORT	المنا سالالتحد السندة		(4) Leas Liai 3 years old (3) 3 to less that 7 years old	Fraceq 17 sed (3) Patient uses assistive devices or	
S	Complications at Birth: Y If yes, what: PREVAIUMITY	f yes, what: PREVATURIT	<b>.</b>		(2) 7 to less than 13 year old (1) 13 years and above	Infant-Toddler in Crib or Furniture/Lichting	
) 90(1	Does Patient Use Tobacco: N How Much Tobacco Used:	.11.	Type of Tobacco Used: How Long Tobacco Used:		Gender: 3 (1) Fema e	(2) Patient Placed in Ecd	
	Does Caregiver Smoke: N		•		Diagnosia: 3	Response to Surgery/Sedation/Anesthesia C	
906	Does Patient Drink LIQUOR/BEER/WINE: N		Type Of Alcohol Consumed:		(4) Neurological Diagnosis (3) Alteration in Oxygenation	(3) Within 48 hours (2) Within 48 hours	
	If Yes, How Much:		How Long:		Respiratory Diagnosis, Dehydration,	(1) Wore than 48 hours	
గ	So You Have a RELIGIOUS AND/CR CULTURAL TRADITION We Need To Consid	YOR CULTURAL TRADITION	Wc Need To Consider: N		Dizines, etc.	(3) Multiple usage of: Sedatives, Hyprotics,	ye
tahhias*	TES, What;				(2) Psych/Behavioral Disorders	Barbituates, Phemothiazhnes, Anti-	
Capolina Cap					Cognitive Impairment: 3	Margoria	

### Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 2 of 333 PageID #: 1042 Page 1427 of 1758

ፋ⊻ ዕፈሣ ፑ Attending:	Page: 8 of 35
Unit #: XCO06296C4 Account #: X22.20206 Admitted: 03/10/16 at 1132 Location: 5ES Admitted: 03/10/16 at 1132 Location: 5ES Status: DLS IN Room/Bed: X.E5514-1 Status: DLS IN	h Nursing **LIVE** SING INFORMATION
Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented Time by Comment Units Charge	Problem/Goal/Intervention Description  Activity Occurred Recorded Documented Type Date Time by Comment Units Change
Activity Date: 03/10/16 Time: 1338 (continued)	Activity Date: 03/;0/i6 Time: 1345
100522 Fediatric Admit Assessment (continued) Fall Precaution = 2: Fall Precaution: GLD BELL, BED RAILS Cther Precautions: CALL BELL, BED RAILS	990608-A RT - Aerceol Therapy A 03/10/16 1609 PAD A 02H - Document 63/10/16 1345 PAD 03/10/16 1609 PAD A.5 Is This a New Start: N Protocol N Therapy Given: Y If To, why: Therapy Prequency Q6 Neds/Dosege: UD ATROVENT
Vocation for Febs (LESS FRAN 18 TEAKS UL):  Limited Very Limited Slightly Limited No Moist Very Moist Occasionally Moist RinenChg@hrs LinenChgl2hrs Richarlest Walks Occasionally Age Robile Very Limited Slightly Limited No	VOLGELS:         PRE         PRE           FR 172         FR 173           FR 40         RR 44           BBS TIGHT EXPIRATORY WHEEZES WITH         BBS SAME           : DECREASED AIR ENTRY         :           PF         PF
Ablation Vory Poor Inadequate Edisi/2 Acquare Edisi/2 Excelent FRICT/SHEAR Significant Problem Potential Problem Noberate Problem Noberate Assist Minimal Assist PERF/OXVGEN Extremely Compromised Com	Effective cough Y Sputum Amount: None Increase Secretions Sputum Colon:
4 - No impairment 5 - Rarely Moist 6 - Age Appropriate 6 - No Limitation	Is Patient Progressing Toward Goal: No  Comments/Plan: TOD IX OK WITH MASK WITH NO ADVERSE REACTIONS NOTED. SHE IS VERY IRRITABLE  MITH REFRACTIONS AND ACCESSORY MUSCLE USAGE NOTED. Sa02 99% ON 21PM.
of the t	Activity Date: 03/20/16 Time: 1420
jiven no pr/	990023-A RT - Aerosol Therapy - Continuous A QD Document 03/10/16 1420 PAD 03/10/16 1611 PAD 3.3
IFN Wto Assisted in Date Collection: RN Signature: VALARIE VAXN RN	Therapy Given: Y 7f no, why:
Activity Date: 03/10/16 Time: 1345	Neds/Dosage: 5mg PROVENTI AND 25 mi OF NORVAL SALINE X 1 HOUR Vitale: HR 194 RR 34 BBS TIGHT EXPERSIONS WHERES
990004-B RT - Oxygen Therapy A DALLY CP - Document 03/10/16 1845 PAD 03/10/16 1861 RAD IS TOLS A New Start: N Proposition N	of Treatment 1 HOUR
F102	Sputum Anount: None Sputum Color: Sputum Consistency:
Alert Value: No Time Reported:	Is Patient Progressing Toward Goal:
Has Potential For Hypowemia Due To:	Comments/Plan: Pt STLLL RETRACTING WITH ACCESSORY MUSCLE USAGE IN NECK. SLEEPING
Progre	THESAPY 2) 3) 4) 6)
Hours Usedransfer/Discharged/Discontinued	Activity Date: 03/20/16 Time: 1533
CONTRESS DR. NOTIFIED.	200008 IV Site #1 Cfcck/Care A Q2H CP - Document 03/10/16 1533 VV 8.0 8.0 IV Site #1: Left Wris:

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Will's-Knighton South Nursing \*\*LIVE\*\* HEYS PRINT ALL NURSING INFORMATION HENDERSON / Attending: Trat, Sharon N.M.D.
Account #: X32120206
Location: SES
Room/Bed: X.E5514-1 Age/Sex: 4Y C4V F Unit #: KCC0629604 Admitted: 03/10/16 at 1132 Status: DIS IN

Page: 9 of 35

Printed 10/01/19 at 1352

Status: DJS LN Room/Bed: K.E5514-1 HINS FRI	HINS PRINT ALL NURSING INFORMITION	
Problem/Goal/intervention Description	Problem/Goal/Intervention Description	
ced its	rion Ste Directions Recorded Jocurred Recorded Jocurranted Charge Type Date Time by Comment Units	From Change
Activity Date: 63/10/16 Time: 1533 (continued)	Activity Date: 03/10/16 Time: 1548 (continued)	
200608 IV Site #1 Check/Care (continued)	ol Therapy - Continu	
pherally		
Site Description #1: Rate (cc/hr) #1: 45		
Type of IV Solution #1 (free text): 35 1/2 WITH 20 KG		
Site Charged #1: N Dibits Charsed #1:	Activity Jate: 03/10/16 Time: 1551	
IVPB Tubing Charged #1: PSI Timit Settings #1:	990001-3 RT - Initial Assessment A	PS
PSI Actual Reading #1: IV Dressing Charced Site #1:	1818 - 03/10/16 - 918[ V	
IV Dressing Changed Time #1:		
Date IV (#1) started: 03/10/16 Time IV (#1) started: 402.70 O2 Delivery A 02H	Problem: RT- HYPOXEMIA OR HYPOXIA, ACTUAL AND/OR CP ROTENTIAL TO DEMETOP	
ment 03/10/16 1533 VV 03/10/16 1533 VV	Create 03/10/16 1558 PAD 03/10/16 1558 PAD	
OZ DELIVELY: 1 LWP/NC Oxyger Jelivery Frenietsky continuous	Goal: 37: Improve oxygenation, correct A 03/20/16	
5 533 VV 03/2 ide: Y	CP - Create 03/10/16 1558 PAD 03/10/16 1558 PAD - Ed Target 03/10/16 1558 PAD 03/20/16 PAD - Ed Target 03/10/16 1558 PAD 03/20/16 PAD - Ed Target 03/10/16 1558 PAD 03/20/16	10.
Call Light/Telephone In Reach: Y Fall Precautions: Y		10
Crib Rails (Up / Down): Down Number Of Bed Rails Up: 2 Are herry: s in because of made river: N	73/10/16 1558 PAD 03/10/16 1558 PAD 33/16/16 1558 PAD 410/16 1558 PAD 410/16 1558 PAD 410/16 1558 PAD 410/16 1558 PAD 410/16/16/16/16/16/16/16/16/16/16/16/16/16/	A => A
	""	
Bed High OR low Position: LOW	. Create 03/10/16 1558 PAD 03/10/16 1558 PAD	* *
	Ed Barget 03/10/16 1558 PAD	₩ <= ₩
Pt. Off Chit: N	NGC23-A RT - Aerosol Thorapy - Continuous A QD	9
Activity Date: 03/16/16 Time: 1548	- treate 03/10/16 1558 PAD 03/10/16 1558 PAD 03/10 1557 QD => 03/10 1	1557 QTH
990023-A RT - Aerosol Thoragy - Continuous A QD	CP Activity Date: 03/10/16 Time: 1710	
New Start: N	400010 Vital Signs	СЪ
Therapy Given: Y If no, why:	ימוביי חל מיארי מדה יבתידהאמת	
Meds/Dosage: 1.25mg XOPENEX	SSULE:	
Vitais: FR 186 FR 42 RBS CORRSE EXPIRATORY WHEEZES	54 170e: Type Of Temperature: Axillary Heart Rate: 189 Heart Rate Source: Machine	
Length of Treatment 1 HR Effective cough Y Increase Secretions	Rate: 42	
Sputum Amount: None Sputum Color: Sputum Consistency:	0/16 1710 V	Ü
Is Patient Progressing Toward Goal: Unchanged	ORAL - just H20 (ml):	
Comments/Plan: TOOK Pt OFF 1 HR LONGVITALS FOST TREATHENT	CAAL (TOU WELET) "1.	

ים מי	-		<del> </del>	1		1044 	<del></del> 1	, ago , ,	
Page: 10 of 35 /01/19 at 1352	From		CP A => C	<u>n</u>			8		
Page: 10 o	n Description. Sts Directions ed Recorded Documented Time by Date Time by Comment	Time: 1720	C 925 C3/10/16 1720 PAD 03/10/16 1720 PAD C3/10/16 Time: 1725	apy SC 03/ Ol N 5	FOST FR 2.76 RR 55 CRACKLES BUS NO CHANGE : PF	Sputum Amount: None Sputum Color: Sputum Consistency: ward Goal: Unchanged ML. NARW	C3/10/16 Time: 1800	POST HER 194 RR 34 RR 34 RR 34 PP PP Section: Amounts: None	Sputum Consistency: Sputum Consistency: Is Patient Progressing Toward Goal: No Comments/Plan: 101ERATED TX WELL WITH NO ADVERSE REACTIONS
in Nursing **ITVE**	Problem/Goal/Intervention Description Activity Occurred Re Type Date Time by Date	Activity Date: 03/10/16	990077 RT - Asuma - EG Status 03/10/16 Activity Date: 03/10/16	RT - Aerosc c 03/10/16 New Start: N requency Q2H Dosage: 1.25mg )	Vitals: PRE HR 187 RR 55 BBS FAINT WHEEZES/COARSE GRACKLES :	Effective cough Y Sputum Increase Secretions N Sputum Sputum Consills Patient Progressing Toward Goal: Unchanged Comments/Plan: HEN TOL WELL. NARN	Activity Date: 03/10/16 990008-A RT - Aerosol Thers - Document 03/10/16 1800 H IS This a New Start: N Prococoffnerapy Frequency Q2H Meds/Dosage: 1.25mg XOPENEX	Vitals: PRL HR 192 RR 42 BBS PAINT WHEEZES/COARSE CRACKIES : PF Effective coudt Y	Increase Secretions Sputu Is Patient Progressing Toward Goal: No Comments/Plan: 10LERATED IX WELL WITH
HENDERSON FILLS Wills-Kaighton South Nursing **IIVE* HINS FRINT ALL NURSING INFORMATION	Sts Directions From Decumented Change			06,28 10.7	Date Cath Inserted:  Void Date: 63/10/16				A PRX CP 03/10 1719 FRX => 03/10 1719 Q2H
Attending: Tran, Sharon N.J. Account #: K32120206 2 Location: 5ES Room/Bed: K.E5514-1	corded e Time by C	Time: 1710 (continued)	(Timed)	(m1): (m1): (m1): (m2): (m2): (m3):	i last	Stoc. Consistency: Color Of Stoc.: Amourt of Stoc.: Ileostory (mm): New Colostory (um): gut (Num. of stocis): Gassis (mil): Color of color of color (mil): Color of c	Recal Tube (m]): Est. Bid Loss (m]): Weas Bid Loss (m]): (m1): (m1):	(ml): (ml): (ml): Body Fluid (m.): o. Of - Misc. Body Fluid: 6 Time: 1739	03/10/16 1719 PAD 03/10/16 1719 PAD
Age/Sex: 4Y 04X 7 Unit #: %CC05296CA Admitted: 0312015 at 1132 Status: DIS IN	Problem/Goal/Intervention Description Activity Occurred Re- Type Date Time by Date	Activity Date: 03/10/16	<pre>4500.0 4500.0 NGT labe Flastes (ml): PRG labe Flustes (ml): 20 (ml): 90</pre>	TVPB (TL): 75 TPM (TL): TPM (TL): TPM (TL): TPM (TL): Blood (TL): Blood (TL): CSC100 - Document (03/10/16 I	Color Of Utile:  Color Of Utile:  Character Of Utile:  Utile Inc Est (fil):  If No Output, Is Pt. On Dialysis:  Stool X: 1 Stool X IX.	Stocl Consistency:  Color Of Stocl.  Amount Of Stocl.  Ileostory (M1):  New Colostory (M1):  Old Colostory Output (Num. of stocls):	# # pp # # 7	Drain 3:     Drain 4:     Uroscony (ml):     Nephroscony (ml):     NOOND EVAC. #1 (ml):     Ant. Of Or Asp. Of Misc. Body Fluid (ml):     Source Of Cutput Or Asp. Of - Misc. Body     Activity Date: 03/10/16 Time: 173	990077 RT - Astima Severity - Create 03/10/16 1719 PAD - Ed Directs 03/10/16 1719 PAD

Age/Sex: 4% 04% ; Attending: Trar, Sharon N M.D.
Unit #: K000629604 Account #: K32120206
Admitted: 03/10/16 at 1132 Location: 5ES
Status: DIS IN Room/Bed: K.E5514-1 HIM

Willis-Knighton South Nursing \*\*LIVE\*\*
HINS PRINT ALL NURSING INFORVACION

NEXTENSON,

Page: 11 cf 35

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	Problem/Goal/Intervention Description	des som externations des som des	
Sts Dir		Sts Dir	⊒rom:
Activity Occurred Recorded Documented Charge Type Date Time by Date Time by Comment Units Charge	Activity Occurred Type Date Time by	Recorded Date Tire by Comment Units	Crange
Activity Date: 03/16/16 Time: 1815	Activity 32te: 03/20/16	1, 1815	
100542 Fall Risk - Podiatric A AUMIT	990560 Braden Pediatric Risk Assessment	isk Assessment A OSHIFT	S)
- Document	- Document 03/10/16 1815 SIF	SE SIF	
Less than 3 years old		2	.16
(3) 3 to less that 7 years old (3) Pattent uses assistive devices or	SENS PERCEP Completely limited	Very limited Slightly Limited N	i rment
Furniture/Lightne			cocriate
(2)	Comp	Very Limited Slightly Limited	tation
(2) Yale (1) Femame (2) Outpation: Area	NUTRICION Very Poor	Tracequate Accquate	rent Problem
Jagioris; 3 (4) Neurological Diagnosis (3) Within 24 hours	PERF/OXYGEN Extremely Compromised	Compromised	lent.
tor			
hydration,		- No Impairment	
Areana, Arorexta, Symoope, Medicalion Caston Cartino Constitute Co	Moleture: 3	- Occasionally Woist	
in actions	vob: itv: 3	- Ajjarjojarace - Sjjartjv jimiteo	
Other Blacosis	S regulations	- Acemente	
cive Impairment: 3		- Potential Problem	
tations	Tissue Perfusion/Oxygenation: 3	- Adequate	
(2) Forgets iduitations (2) Other Medications/None (3) Other Medications/None (3) Other Medications/None	CC. orchan		•
/ Namagement -	Total Praces Searce Source Addition	Chicany Sa a	9
Use to document the effectivenness	Current	03/10/16 1857 SLF	}
of medications given specifically			
for the control of pain.	Learner's Preferred Method: One-on-One Teaching	on-One Teaching	
Ask patient to be specific	Language Spoken (CC2): English	ish	
regarding location, severity, and	If Other, Describe:		
type of pain.	-		
Document 03/10/16 1815 SLF 03/10/16 1858 SLF 0.0	*Religious or Cultural practices that may affect learning: N	that may affect learning: N	
Are You Having PALN / DISCONFORT NOW: N	It YES, describe:		
Is this a new episode of pain:		that may affect learning $(Y/N): N$	
Location of Pain:	Lt YES, Gescribe:		
Difference Of Fairs	"Lognitive immirations that may affect learning	altect learning (Y/N): N	
ייים ( ייים אייי). אייים ( ייים אייי)	*Propriettion limitations that was affect Tourseless V (N) . N	7 ( [X/ X]	
Creat of Parit	TE VEC GOOTTHE.	מודפרה דפמיוודיות (ד/בי) : יי	
Pain Re-eved By	If patient has pain, what issue	If patient has pain, what issues have been discussed with patient recarding this:	
Fain Made Worse By:	WILL MONITOR FOR PARM USING	WILL MONITOR FOR PAIN USING FLACC SCALE AND TREAT ACCORDINGLY	
Cause of pain:	COMPORT MEASURES		
Pain scale used to assess pain: FLACC			
Pall score: 0	Pt/Family encouraged to report of	Pt/Family encouraged to report concerns about Pt. safety issues: Y	
n	What safety issues have been add	ressed with the patient: SideMaids, CA/MUX MONITOR A	ALAKWS
NOT DESCRIPTION OF THE PROPERTY OF THE PROPERT	SPI JU, CANERA M.	IZFI LD, CAMERA MANITORING, NOILEY ACROSS CHON LEAVENS UNIT	
V STATE OF THE STA	*Te nationt /family, motivated to learn (V/N) . V	V (V/N)	
	If NO, explain:		
Comfort measures:	-		
Cognitive techniques:	SCHENING NECES	TEACHING SUMMARY	
	*Disease (Y/N): Y :RESP DISTRESS, +MXCOPLASMA	DISTRESS, +MYCOPIASMA	

# 

Age/Sex: 4Y 04% F	lu S	Attending: Tran, Sharon N X.D.	NOSRECNEH	XAH I	<b></b> 1			Page: 12 cf 35
<pre>thit #: KCC0629604 Admitted: 03/20/16 at Status: DIS IN</pre>	29604 /16 at 1132 N	Account #: Kazzdetb Location: SES Room/Bed: K.E5514-1	Willis-Knighton South Nursing **LIVE HINS PRINT ALL NURSING INFORMATION	h Nursing **live** SING INFORMATION	VE**		Printed	Printed 10/01/19 at 1352
Problem/Goal/Intervention Description Activity Occurred Re	ntervention Dos Occurred Date Time	Ascorded Documented Documented Document Document Units	From	Problem/Goal Activity Type	Problem/Goal/intervention Description Activity Occurred Rec	on Recorded	Sts Directions Documented	From
Activity Jate: 03/16/16		Dy Later Dy Configure Dy Configure Configure (Configure)		Activity Date: 03/20/16	g 1	1111E	110000	מינים
Patient Education (conting to 1980)   Isolation (Y/N); Y :: SYOPLET   *Equipment (Y/N); Y :: CK/PCX MONT  *Procedure (Y/N); Y :: FLOOR PAP   *Medication (Y/N); Y :: FLOOR PAP   *Medication (Y/N); N :: NO NEW MEDS	Patient Education (con Isolation (Y/N): Y :DMODLET Equipment (Y/N): Y :CK/FOX MOD Procedure (Y/N): Y :FLOOR PAP edication (Y/N): Y :EXEJAIN A Modication (Y/N): N: NO NEW MED	Patient Education (continued) on (Y/K): Y :DROPLET or (Y/K): Y :CR/ROX MONITOR, IVAC, VAPOTHERW, SUCTION or (Y/K): Y :FLOOR RAP or (Y/K): Y :FLOOR RAP or (Y/X): Y :EXPLAN AS GIVEN or (Y/X): Y :RO NEW NEDS		100542 Respira Anemia, Dizines (2) Psych/3 (1) Other	Fell Risk - Pediarric (cont Respiratory Disgnosis, Denydration, Aremia, Anorexia, Syncope, Diziness, etc. Psych/Behavioral Disorders	İnved) Xeğ	d)  (1) More than 48 hours  Medication Usage: 1  (3) Multiple usage of: Sedatives, Hyprotics, Barbituates, Phenofilatines, Anti- deoressants, Laxaives/Directics,	Lives, Hyprotics, ines, Anci- bluretics,
Education *Follow-up care Rehab/Resources *Nutrition Cuber Te	cucation:up care (Y/X): Y :PER DR OR esources (Y/X): N :utrition (Y/X): Y :REGULAR DI Cther Teaching: PLAN OF CARE	Education: *PLAN OF CARE, FLOOR P&P *POLLOW-up care (Y/N): Y :PER DR ORDERS UPON DISCHARGE Rehab/Resources (Y/N): N :REGILAR DIET AS TOL Cther Teaching: PLAN OF CARE		Cognitive Impairment: 3 (3) Not Aware of Limit (2) Forgets Limitation (1) Oriented to Own A Lecol2 PAIN Assection (2) For the Communication (3) The Commun	gartivo Impairment: 3  (3) Not Aware of Limitations  (2) Forgets Limitations  (1) Oriented to Own Ability  20:2 PALN Assessment / Management - PELI Ribe to document the effectiveness of medications given specifically for the control of pain.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Varcotic (2) One of the mods listed above (1) Other Nedications/None Fall Risk Total: 15 PEDI A PRN Verness italiy	above People
if applicable, p Medi: Evidence Of Le	pt has demons Method Of In maning Demons	If applicable, pr has demonstrated competence to self administer medications: Nedi:  Nedi:  Nedi:  Nedi:  Nethod Of Instruction: Explain  Evidence Of Learning Demonstrated By: Expresses Understanding	iors: N	- Document Are You Havin	Ask parient to be specific regarding location, sevenity, type of pain.  - Document 03/10/16 1920 EW 03/10/16 205 Are You Having PALN / DSCONGORT Now: N Is this a new episode of pain:	o be specific action, severity, and Exion, severity, and Exion 03/10/16 2052 EXIX Now: N	o oʻ	
Activity Date: 03/10/16	03/10/16	್ವಾಣ: 1855		·	Location Of Pain: Duration Of Pain:			
100542 F	Fall Risk - Pediarric 03/10/16 1855 SLF (PALN Assessment / Yann Cast to document the for the control of Ask partient to be regarding location properties).	Fall Risk - Pediatric 03/10/16 1855 SLF 03/10/16 1855 SLF PALVIT Assessment / Vanagement - PEDI A FRV Use to document the effectivences of medications given specifically for the control of pain.  Ask partient to be specific regarding location, severity, and	SG SG	Pain so	Pain Frequency:  Character of Pain:  Onset of Pain: Pain Relieved By: Pain Yade Worse By: Cause of pain: Cause of pain: Pain scale used to assess pain: FIACC Pain score: 0	FIACC 0 0Pein Interventions	Sion	
- Create 996560 B - Create	type of pain. 03/10/16 1855 SIF Braden Pediatric Ris 03/10/16 1855 SIF	type of pain. 03/10/16 1855 SIF Braden Pediatric Risk Assessment A QSHIFT 03/10/16 1855 SIF 03/10/16 1855 SIF	Sci	Prarmacologic Non-Pharmacologic: Emotional support: Confort measures:	Prarmacologic (see VAR): N macologic: onal support: ort measures:			
ity Jate ment ric Fell	: 03/10/16 Tim Fell Risk - Pediatric 03/10/16 1920 EV Risk Assessment	Time: 1920 atric EX 03/10/16 2052	PS 4	Cognitive teciniques: 990560 Braden - Document 03/10	Pediatric /16 1920 RADEN SCAL	Risk Assessment EM 03/10/16 2052 EM EFOR PEDS (LESS TFRN	A QSHIFT 5C.0 18 YEARS OLD)	S.
49e: 4 (4) 14es than 3 years (5) 3 1 to less than 7 yy (2) 7 to less than 13 yr (1) 13 years and above Gender: 1 (2) Wale (1) Female	6: 4 (4) less than 3 years old (3) 3 to less than 7 years old (2) 7 to less than 13 year old (1) 13 years and above nder: 1 (2) Wale (1) Pemale		c litant-toda_er erive devices or Crib or 3	SENS PERCEP MOISTURE ACTIVITY MOBILITY NUTRITION FRICT/SHEAR	Completely Linted Constantly Moist addast Completely Immobile Very Poor Significant Problem	Very identiced Very Moist Crainfast Very idented Inadequate Problem	Slightly Limited Occasionally Moist Walks Occasionally Slightly limited Adequate Potential Problem No	No Impairment Rarely Moist Ray Appropriate No Limitation Excellent No Apparent Problem
Diagnosis: 3 (4) Neurologi (3) Alteratio	egnosis: 3 (4) Neurological Diagnosis (3) Alteration in Oxygenation	Response to Surgery/Sedation/Amesthesia 0 s (3) Within 24 hours tion (2) Within 48 hours	on/Aresthesia O	PERF/OXYGEN	N Extremely Compromised Sensory Perception: 4	Compromised - No Impairment	Adequate	Excellent

Willis-Knighton South Nursing \*\*IIVE\*\*
HIYS PRINT ALL NURSING INFORMACION , XOSKECKER Attending: Tran, Sharon N.D.
Account #: X32120206
Location: 558
Room/Bed: K.E5514-1 Age/Sex: 4Y 24W F Unit #: x090629604 Admitted: 03/10/16 at 1132 Status: DIS IN

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	Problem/Goel/Intervention Description
Sts Directions From Activity Occurred Recorded Socurented	Sts Directions From Activity Occurred Recorded Documented
Date Cime by Date Time by Comment	Date Time by Date Time by Comment
Activity Jate: 63/16/16 Time: :920 (continued)	Activity Date: 03/10/16 Time: 1920 (continued)
z Risk Assessmer	1-2 Patient Education (continued)
Activity: 4 - Age Appropriate  **Notition 3 - Indicate Appropriate  **Notition 3 - Indicate Appropriate Appropriat	<pre>1f applicable, pt has demonstrated competence to self administer medications: N Nedl: NA</pre>
። ጦ ጣ	Methoù Of Instruction: Explain Evidence Of Learning Domonsnrated By: Expresses Understanding
	Activity Date: 03/10/16 Tire: 2010
1-3 Fatient Baccation A AS NEEDED CP - Document 03/10/16/1909 EM 03/10/16/2052 EM O.C Learner: Family Learner: Family Che-on-One Teaching Larguage Spoken (002): English	595008-A RI - Aerosol Inerapy A Q2H 2.5 - Document C3/_0/16 2010 SDT 03/10/16 2112 SDT 2.5 Is Tiis a New Scart: N Protocol N Therapy Given: Y If no, why: Therapy Preguency Q2H Q2H Xeds/Dosage: 1.25mg XOPENEX
*Religious or Cultural practices that may affect learning: N  If YES, describe:  *Frysical limitations that may affect learning (Y/N): N  If YES, describe:  *Cognilve limitations that may affect learning (Y/N): N  If YES, describe:	10 105 175 175 175 175 175 175 175 175 175 17
THE CONTROL OF THE PART OF PAIN USING FIACT SCALE AND TREAT ACCORDINGLY  **COMPOST PEASURES**	Effective cough Y Sputum Amount: None Increase Secretions N Sputum Color: Sputum Consistency:
Pt/Family encouraged to report concerns about Pt. safety issues: Y What safety issues have been addressed with the patient: SIDERAILS, CR/POX MONITOR ALARYS :2PT ID, CAMERA MONITORING, NOTIEY NURSE UPON TEAUNG UNIT	Is Patient Progressing Toward Goal: Unchanged  Comments/Plan: Pt TOL IX Well.
*Is patient/family motivated to learn (Y/N): Y	Activity Date: 03/10/16 Time: 2155
LEARNING NEEDS TEACHING SINYARY	990008-A R Aerosol Therapy A Q2H CP
*Disease (Y/N): Y :RESP DISTRESS, *XYCOPLASM: Isolation: (Y/N): Y :DROPLET *Engineer (Y/N): V :DROPLET   NANOTHER CHARGES   CHARGES	~
	als: FRE 166 28 5 FAINT WHEEZES/COARSE CRACKLES
*Follow-up care (Y/N): Y PER DR ORDERS UPON DISCHARGE Relab/Resources (Y/N): N :	. id
*Nutrition (Y/N): Y :REGULAR DIET AS TOL Other Teaching: PLAN OF CARE	Effective cough Y Sputum Amount: Increase Secretions N Sputum Color: Sputum Consistency:

#### Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 8 of 333 PageID #: 1048 Page 1433 of 1758

Age/Sex: 4Y 04N F F F Unit #: XC00629604 Admitted: 03/10/16 at 1132 Status: 525 IN	Attending: Tran, Sharon N.M.D. Account #: K32120206 Location: 5ES Room/Bed: K.E5514-1	Willis-Knighton South Nursing **IIVE** HIMS PRINT ALL NURSING INFORMATION	14 of 35
Problem/Gosi/Intervention Description Activity Occurred Response Seconds Sec	scription Sts Directions Recorded Bocumented by Date Tine by Comment	Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Charge Type Date Time by Date Time by Comment Units Char	From
Activity Date: 03/10/16	Time: 2155 (continued)	Activity Date: 03/11/16 Ilme: 0158 (continued)	
990C08-A RT - Aerosol Inorapy (continued) Is Patient Progressing Toward Goal: Unchanged Comments/Plan: Pt 102 TX WELL	- Aerosci Thorapy (continued) ssing Toward Goal: Unchanged 101 TX WELL	990008-A RT - Aerosol Inerapy (continued)  Is Patient Progressing Toward Goal: Yes  Comments/Plat: TO BRATES TREALMENT WHILE	
Activity Date: C3/10/16 Ti		s 03/11/16 TOLERATED TOLERATED	
14 12	03/11/16 0642 KV Y Therapy Given: Y If no	Activity Date: 03/11/16 Time: 0359	
Therapy Frequency Q2H Meds/Josage: 1.25mg XOPENEX	XZ OZX	9960508-A RT - Aerosol Therapy A 02H 2.5	С
Vitals: PRE HR 132 RR 42 BBC CENTER	FOST FIX 131 FIX 45 FIX CAPAPETS	New Starr: N Protocol N Therapy Given: Y if no, why: equency Q2H Osage: 1.25ng XOPENEX	
3d	de:	S: PRE 6	1048
Effective cough X increase Secretions X	Sputum Amount: None Sputum Color: Sputum Consistency:	BBS COARSE CFACKLES  BBS COARSE CFACKLES  : : : : : : :	O
Is Patient Progressing Toward Goal: Yes	Goal: Yes Goal Note: Y	Effective cough N Sputur Amount: None Increase Secretions N Sputum Color:	
Comments/Pian: TOLERATED TREATMENT WELL	NIVENT WELL	Sputum	
- Edit Results 03/10/16 2351 Comments/Plan: TOLERATED TREAT (TOLERATED TREAT	2351 XX 03/11/56 0649 XX TREATMENT WELL; VAPOTHERM FIGO WEANED FROX 40 TO 38% TREATMENT WELL;	is Fig. Goal Note: Y Goal Sol: Yes Goal Note: Y Comments/Plan: 10LERATED TREATMENT WELL	
Activity Date: 03/11/16	Tine: 0158	\$ 03/11/16 0359 KX	
യ്യ	A 03/11/16 0642 KM	- 1	
Is Itis a New Start: N Protocol N Therapy Increpy Frequency Q2H Meds/Dosege: 1.25mg XOPENEX/ID ATSOVENT	Protocol N Therapy Given: Y If no, why: QZH QDHANEX(ID ATROVENI	Activity Date: 03/11/16 Time: 0553 999008-A RT - Aerosol Therapy A 02H	
Vitals: PRE HR 134 HR 36 BDC CONTROL C	POST. HR 139 RR 32 RR 32	nt 03/11/16 0553 KM 03/11/16 0642 KM. a New Start: N Protocol Y Therapy Given: Y If no Progrency Q2H Q2H (Dosage: 1.25mg XOPENEX	7age 1433 (
abs contain the property of th	55 - CORACA: CRACACA: : 77	Vitais: PRE FOST HR 139 HR 28 HR 28	л 1756
Effective cough N Increase Secretions N	Sputum Amount: None Sputum Color: Sputum Consistency:	OARSE CRACKLES	

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PAi -	#Ilis-Krighton South Nursing **LIVE** HINS FRINT ALL NESSING INFORMATION
Attending: Tran, Sravon N.M.D. Account #: K32120206	Location: 55S Room/Bed: X.E55.4-1
Age/Sex: 4Y C4M F Unit #: KC00629504	Admitted: 03/10/16 at 1132 status: 015 IN

אַנְמְנְרְנְצֵיּן בְּיִינִינִי בְּיִנְיִינִי בְּיִנְיִינְיִי בְּיִנְיִייִ בְּיִנְיִינִי בְּיִנְיִינִי בְּיִנְיִייִ בְּיִנְיִיִּי בְּיִנְיִינְיִי בְּיִנְיִיִּיְ בְּיִנְיִיִּיְ בְּיִנְיִיִּיְ בְּיִנְיִיִּיְ בְּיִנְיִיִּיְ בְּיִנְיִיִּיְ בְּיִנְיִיִּיְ בְּיִינְיִיִּיְיִיְּיִיְּיִיְּיִיְּיִיְּי		
	Problem/Goal/Intervention Description	ı
Sts Directions From Pactivity Occurred Recorded Documented	Sts Directions Activity Occurred Recorded Documented	ron
Da	Det.	Crange
Activity Date: C3/11/16 Time: 0553 (continued)	Activity Date: 03/11/16 Time: 0600	
990008-A RT - Aerosol Therapy (continued)	RI - Aerosol Therapy A Q2H	Đ
Effective cough N Sputum Amount: None Increase Secretions Sputum Color: Sputum Color:	- JOCUMENT. C3/L/Lb 0800 KEX U3/LJ/Lb 0958 KER IS This a New Start: N Protocol Y Thorapy Given: Y If no, why: Therapy Frequency Q2H/Q6H Necs/Dosage: 1.25mg NOPENEX/ UD AIROVENT	
Is Patient Progressing Toward Goal: Yes Goal Mote: Y	70ST	
Commence/Plan: 10LERATED TREATMENT WELL	S 2 12 13 13 13 13 13 13 13 13 13 13 13 13 13	
- Edit Results 03/11/16 0553 KM 03/11/16 0646 KM Comments/Plan: TOLERATED TREATMENT WELL; VAPOTHERM CN STANDBY- ROOM AIR SPO2 98%. [TOLERALED TREATMENT WELL]		
.e: 0558	Effective cough Y Spurum Amount:	
990004-5 RT - Oxygen Trerapy A DATLY CP - Document 03/11/16 0558 KM 03/11/16 0645 KK IS This a New Start: N Protocol	Sputum Consistency: Is Patient Progressing Toward Goal: Unchanged Goal Note: Y	10
F102 LPV Sa02: 98	Comments/Plan: IOLERATED TREATMENT WELL.	049
Alert Value: No Time Reported:	Activity Date: 03/11/16 Time: 0937	
Has Potential For Hypoxemia Due To:	100542 Fall Risk - Pediatric A AXTT - Document 03/11/16 0940 CAE	Se
is Patient Progressing Toward Goal: Yes Goal Note: Y	Fall Riek Assessment	,
Hours Used Transfer/Discharged/Discontinued Reordered	Gess than 3 years old	, <u>}</u>
COTTENTS: VAPOTHERM IS ON STBY- RN NOTHFIED ME THAI VARO WAS OFF B/C PATIENT HAD: PULLED NO OFF FACE AND DOING WELL, SO WANTED TO TRY TO SEE HOW PT DID OFF.	7 to less than 13 year old 13 years and above	
	Gender: 1 (2) Partient Placed in Bed (1) Value (1) Female (1) Cutpatient Area (2) Value (2) Value (3) Value (4) Valu	1-
990004-B RT - Oxygen Therapy A DALLY - Document 03/11/16 0800 KER 03/11/16 1000 KER Is This a New Start: N Protocol N	nydration,	-i
Oxyger Device FiO2 LPY SaC2: 98	Pizines, educata, Sylvope,  Dizines, etc. Sedatives, Hyprotics,  (3) Multiple usage of: Sedatives, Hyprotics,  (2) Sarch/Rehaptives Jermotics, Pirmoticatives, Arrit-	protics,
Alert Value: No fine Reported:	Other Diagnosis	٠
Has Potential For Hypoxemia Due To:	(2)	
Is Patient Progressing Toward Goal: Unchanged	lity ment / Management - PED	S)
Hours Used 17 Transfer/Discharged/Discontinued DC Reorderod	Use to document the effectiverness of medications given specifically	
Comments: FOUND PAILENT OFF OF O2. O2 NOT INDICACED AT THIS TIME.	for the control of pain. Ask patient to be specific	

		Page: 16 of 35	
Unit #: KOUGEZGOU4 Admitted: 03/10/16 at 1.33 Location: SES Status: D.S IN Room/Bed: K.ES514-1 HIVS	Knighton South Nursing **LIVE** PRINT ALL NURSING INFORVATION	Princed 10/01/19 at 1352	Ca
Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Date Time by Connent Units	Problem/Goal/Intervention Description St From Activity Occurred Recorded Change Type Date Time by Com	Sts Directions From Documented Connect Units Change	ise 5.19
PATV Assessment / Variegarding location	Activity Date: 03/11/16 Time: 0937 (continsed)		-CV-U
. 6 5	1-5 Patient Education (continued) *Physical limitations that may affect learning (Y/N): N 1f YES, describe:		J103-
Location Of Pain:  Diretion Of Pain: Pain Frequency:			LLI-
Chaiscler of Falm: Onset of Palm: Palm Relieved By: Paim Nade Worse By:	If patient issues have been discussed with patient regarding this: WILL MONITOR FOR PAIN SING FLACE SCALE AND TREAT ACCORDINGLY. NO PAIN NOTED AT THIS LINE. COMFORT MEASURES	h patient regarding this: CORDENGEY, NO PAIN	IVILH
Cause of pain: FIACC Pain scale used to assess pain: FIACC Pain score: 0Pain Interventions	Pt/Family encouraged to report concerns about Pt. safety issues: Y What safety issues have been addressed with the patient: SIDERAIES, CR/POX MONITOR ALARMS :2PT ID, CAMERA IN USE, NOTHEY NURSE URON LEAVING UNIT, CAL: BEIL FOR FAMILY	SECUES: Y SIDEMALLS, CR/POX MONITOR ALARWS ERAVING UNIT, CALL BELL FOR FAVILY	Docu
Prarmacologic (see YAR): N Non-Frarmacologic: Emotional support: Y	*Is patiens/family motivated to learn (Y/X): Y If NO, explain:		mem
Comfort measures: Y	LEARNING NEEDS TEACHING SUMMARY		10
Cognitive recrinques:  990560  980560		S. CORTON	50
SENS PERCEP Complementy limited Very Limited Slightly Limited No Movement Constant's Movies Very Voise Octasionally Movies R	*Procedure (Y/X): Y :Absassmint, IV Sight A.im/First  # "Medication (Y/X): Y :EXPLAIN PS GIVEN No impairment *New Medication (Y/X): Y :ORAPRED  Rarely Moiss    Company   Compan	<b>.</b>	ieu o
Bedfar Chairfast Walks Occasionally Completely Imposle Very Limited Slightly Limited X Very Poor Indecrate Adecrate	e *F0llow-up care (Y/N): Y Rehab/Resources (Y/N): N		3/01/
AR Significant Problem Problem No Extremely Compromised Compromised Adequate	blem *Nurrition (Y/N): Y Other Teaching: PI : ST	ANNEL 95; FALL PRECAUTIONS; NOTIPY EAVING PI UNATTENDED.	20
Sonsory Perception: 4 - No Impairment	If applicable, pt has demonstrated competence to self achinister medications: N   Medi: NA   Medi	£ acminister medications: N Med3: NA	Page 1
י איני ו	Method Of Instruction: Expiain Evidence Of Learning Demonstrated By: Expresses Understanding	anding	Pa
il Braden Scale Score: 24	Activity Date: 03/11/16 Time: 1000		ige 1
	YFOXENCA OR HYPOXIA, ACTUAL AND/OR TIAL TO DEVELOP	\(\frac{1}{2}\)	435 of
learner's Preferred Method: Cre-on-One Teaching Larguage Spoken (002): English If Other, Describe:	- Ed Status 63/1/% 1000 KEK 03/11/16 1000 KEK Goal: RT: Improve oxygenation, correct hypoxia, prevent hypoxia, - Pd Status 03/11/16 1000 KER	й I	1758
*Religious or Cultural practices that may affect learning: N If YES, describe:			π.

Age/Sex: 4Y 04W F	Attending: Tran, Staron N.N.D.			Pago: 17 of 35
Unit #: KOUGES9504 Admitted: 03/10/16 at 1132 Status: DIS IN	555 555 K.E5514-1	HIMS FRINT ALL NURSING INFORMATION	#1lis-Knighton South Nursing **INE** Hivs FRINT All NURSING INFORMATION	01/19 at 1352
problem/Gosi/Intervention Description Activity Occurred Re	n Description Sts Directions ed Recorded Documented Time by Date Time by Comment Units	From	Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units	From
Activity Date: 03/11/16	Time: 1000		Activity Date: 03/11/16 Time: 1415 (continued)	
990006-B KT - OXYGET Therapy - EG Status C3/11/16 1000 KER 990023-A KT - Aerosol Therapy - EG Status C3/11/16 1000 KER	C DATIN 100 KER 03/11/16 1000 KER 100 KER 03/11/16 1000 KER	A E C C C C C C C C C C C C C C C C C C	990008-A RT - Aerosol Therapy (continued) : : Activity Date: 03/11/16 Time: 1435	
Activity Date: 03/11/16			400010 Vital Signs taken by a NAI are reviewed	ප
990008-A KT - Aerosol inorapy - Document 03/11/16 1055 KFR Is Inis a New Start: N Protocol 1 Therapy Frequency Q3H Xeds/Dosage: 1.25mg XOPENEX	1 Increpy A Q2H 1055 KFR 03/11/16 1426 KER Protocol N Increpy Given: Y Lf no, Why: Q3H (OPENEX	පි	SSUR TAYE	
Vitais. PRE 121 FR 121 FR 30 BBS CLEAR	FOST HR 128 RR 32 BBS CLEAR : PF		Heart Rate: 79 Heart Rate Source: Machine Resp. Rate: 30 SAD2: 96 C02 Delivery: ROOM AIR - Document 03/L1/16 1435 CJP 03/L1/16 1457 CJP Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephono Ln Reach: Y Fall Precautions: Y	ზ
Effective cough Y Encrease Secretions N	Wrount: Color: stercy:		Crib Rails (Up / Down): Down Number Of Bed Rails Up: 2 Are bedrails up because of meds given: N Bed Brakes Locked: Y	51
Is Patient Progressing Toward Goal: Unchanged Comments/Plan: TOLERAIED TREAIMENT WELL.	Mard Goal: Unchanged Goal Note: N TREATHENT WELL.		Bed High CR low Postion: LOW All Alarms On and Audible: Y CPM in use: N Pt. Of Unit: N	
Activity Date: 03/11/16	Time: 1415		Activity Date: 03/11/16 Time: 1440	
990008-A KT - Aerosoi Therapy - Document 03/11/16 1415 KER Is This a New Start: N Protocol Therapy Frequency 038/068	)	<sub>G</sub>	100006 Discharge Assessment/Planning A AS NEEDED - Document 03/11/16 1440 CUP 03/11/16 1452 CUP	C
Weds/Josege: 1.25mg XOPENEX/ UD AIROVENT Vicals: PRE HR 148 RR 30 BBS CTEAR	PENEX/ UD ATROVENT FR 150 RR 30 EBS CLEAR :		Discharge Problems/Needs Identified: Y :RESPIRATIONS :ACTIVITY :NUITAITION :SAFFIY	Page
PF Effective cough Y Increase Secretions N	PF Sputum Amount: Sputum Color: Sputum Consistency:		Arrangements Made to Meet Need(s): Y :CNGOING : :	1436 of 1758
Is Patient Progressing Toward Goal: Unchanged Comments/Plan: TOLERATED TREATMENT WELL.	Ward Goal: Unchanged Goal Note: N REALMENT WELL.			

Princed 10/01/19 at 1352 Willis-Knighton South Nursing \*\*LLVE\*\* HINS PRINT ALL NURSING JAFORWALION Attending: Tran, Sharon N.N.D.
Account #: K32120206
Location: 5FS
Room/Bed: K.E5514-1 Age/Sex: 4Y 04W F Unit #: KC06629604 Admitted: 03/10/16 at 1132 Status: DIS IN

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Fage: 18 of 35

Status: DIS IN KOOM/Bed: K.ESSI4-L.	shodowing with this		
problem/Goal/Intervention Description	Problem/Goal/Intervention Rescription	Sts Directions From	
ced its Chano	Activity Occurred Recorded Type Date Time by Date T	ted its Charg	
Activity Date: 03/11/16 Time: 1440	Activity Date: 03/11/16	(continued)	
nt/Evain	100507 Reassessment/Evaluation - Podia Maintain Peribheral IV of PRN Adapter Y/N:	Pediatrics (continued) N: N	
ار: از:	an adverse drug reaction the of Med:	is shift: N Type of Reaction:	
Plan Of Care Discussed With Patient: Y Plan Of Care Updated: 03/11/16	Does the Patient Have any Complaints Or Specific Needs: Y	fic Necs: Y	
Wound: N Dressing: N Drain: N Pain At Present Time: N Swallowing Difficulty: N	Specific Needs: MONITOR RESPIRATIONS Specific Needs: MONITOR OZ SAT		
<pre>Level Of Alerthess: Responds to parent Pupillary Reaction: Equal/Reactive *Emotion/Psych Asamt: Pediactric/ quiets easily Vertilator N</pre>	Precautions: Y Type of Precautions: Droplet   Negative Air Pressure Confirmed - Discharge o	Precautions: Y Type of Precautions: Droplet Precaution Standard Precautions: Y Negative Air Pressure Confirmed - Discharge of air Outdoors or HEPA Filtration Unit (Y/N): N	
Respirations: Regular and Effortiess *Recath Sounds: Coarse Conch: Day Count	TES pationt DO NOT RESUSCITATE: N		
pectoxann Color: Not Applicable Consistency: Not	Podlatric Fall Risk Assessment	Environmental Factors: 3	
O2: O2 Delivery: ROOW Alk	Age: 4 (4) Less than 3 years old	Placed in Bed	
Edema Of Extremity: None Homes Homes's Sign: Not Indicated	(3) 3 to less than 7 years old	(3) Patient uses assistive devices or	
ADGOMEN: SOIT/ACTIVE BOWEL SOUNCES BOWEL BOLLYS! RYESENI	(1) 13 years and above	٦.	JZ
Bowel Movement This Shift: N Date Of Last Bowel Movement:	Genčer: 1 (2) wale (1) Temale	(2) Patient Placed in Bed (1) Outpatient Ayes	•
Are You Having PAIN / DISCOMFORT NOW: N	Diagnosis: 3		
Is this a new episode of pain: N	(4) Neurological Diagnosis	(3) Within 24 hours (2) Within 48 hours	
Escalus of Fair: Diration of Pair:		(1) More than 48 hours	
Character of Pain:	Anemia, Arcrexia, Syncope,		
Onset of Paln: Pain Rel'eved BV:	(2) Psych/Behavioral Disorders	(3) Maitiple Usage Of: Sedalives, Hyprolitis, Barbittates, Phemothiazines, Arti-	
Pain Made Worse By:	(1) Other Diagnosis	depressants, Laxatives/Diuretics,	
Pain scale used to assess pain: FLACC	Cognitive Impairment: 3	Narcotic (2) One of the meds listed above	
•	(2) Forgets limitations	(1) Other Medications/None	
Pharmacologic (see MR):	(I) Ordented to Own Ability	Fall Risk Total: 16	
Emotional support:		ATTO STANDS OF MEN 19	
Comitive technicies:	Brenden Schutz for febb 1500 1500 10 10 10 10 10 10 10 10 10 10 10 10 1	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Working v Trainellier livingsy/Catroner V/N. N Can this cathogen no removed? (V/X) : N	SENS PERCEP Completely Limited Very Limited MOTSWIRE Constantly Noise Very Moist		
	Bedfast Completely Immobile Ve	Walks Occasionally Ag Slightly Limited	
IV Purp: N How Many IV Purps: O Feeding Purp: N Heating Pad: N	ACIALLON VELY FOLL FRICT/SHEAR Significant Problem Problem Problem Problem Compromised Compromised	Potential Problem No App Adequate	
SCDs in place at beginning of smift; N TEDs in place at beginning of smift: N			
Maintain Central Line:TLC/PICC/SWAN/PORT/HD CATHETER/UAC/UVC/BROVIAC? (Y/N): N Can this line be removed? (Y/N): N	Selecty resception: 4 Noisture: 3 Activity: 4 Noisture: 3	- No - mgarines. - Occasionally Woist - Age Appropriate - Sidniv Limited	
	roblity: 3	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	

Page: 19 of 35 Printed 10/01/19 at 1352 Willis-Knighton South Nursing \*\*LIVE\*\* HINS PRINT ALL NURSING ENFORMATION Attending: Traz, Sharon N M.D. Account #: X32120206

Age/Sex: 4Y 04M F Unit #: KCC06296C4

From PLAN OF CARE, SAFETY/COMPORT, CHANNEL 95, FALL PRECAUTIONS; NOTLFY STAFF OF NEEDS, CONCERNS, WHEN LEAVING PT UNATTENDED. Chance None -> 03/13/16 None => 03/13/16 None => 03/13/16 If patient has pain, what issues have been discussed with patient regarding this: CALL LIGHT pt has demonstrated competence to self administer medications: :WILL MONITOR FOR PAIN USING FLACE SCALE AND IREAT ACCORDINGLY. NO PAIN Documented Sts Directions 91/81/80 03/13/10 03/23/26 (Y/N): Y : CRIB CONTROLS, CALL LIGHT, NURSING ROUNDS What safety issues have been addressed with the patient: SIDERAILS, :27I ID, ADCET SCRERVESION CONSTANTLY, NEWSTING ROUNDS Pt/Family encouraged to report concerns about Pt. safety issues: Y TEACHTING SUMMARY Understanding Xed3: XA COMPTER 4 K 4 \*Emotional limitations that may affect learning (Y/N): N \*Cognitive liminations that may affect learning (N/N): N \*Foilow-up care (Y/N): Y :PER DR ORDERS UPON DISCHARGE (continued) \*Jisease (Y/N): Y : RESF DISTRESS, +MYCOPLASMA 03/11/16 1449 CCP 03/11/16 1449 CCP  $\mathbb{C}_{\mathbb{P}}$ 03/11/16 1449 CJP 03/11/16 1449 CJP ρ :USE, DOSAGE, FREQUENCY 03/11/16 1449 CJP 03/11/16 1449 Time Expresses \*Is patient/family motivated to learn (Y/N): Y If NO, explain: Rehab/Resources (Y/N): N : \*Nutrition (Y/N): Y :REGUIAR DIET AS TOL (Y/X): N : NO NEW MEDS ORDERED Explain (Y/N): Y : ZITHROMAX, ORAPRED Recorded Time: 1440 Time: 1449 (continued) COMFORT MEASURES Goal: Basic nursing care will be provided Date Instruction: (Y/N): X :RFASSESSMEN Goal: No evidence of injury to patient Problem/Goal/Intervention Description Evidence Of Learning Demonstrated By: Other Teaching: PLAN OF CARE, Understanding of Diagnosis and Goal: Patient/Family Will Verbalize ব Patient Education \_\_\_\_e Occurred (Y/X): YMethod Of Activity Date: 03/11/16 LEARNING NEEDS Activity Date: 03/11/16 NOTED AT THIS TIME. If YES, Cescribe: If YES, describe: Isolation \*Equipment \*Procedure \*Xedication \*New Medication Education Treatment Ed Target If applicable, Ec Target Ec Target Activity Ype η-, From I verify that I have performed a complete skin assessment and documented all findings below. Pressure Dicer/Skin Impairment Since Previous Assessment: N If YES, list all location(s) and use the Skin Description lookup and/or Free Text for EACH. G Ç Chance FREE TEXT DESCRIPTION OF SXIN FINDINGS (size, wound bed,drainage, odor, etc): :SKIN INTNCT NO BREAKCOWN NOTED Skin Temp/Character: Warm & Dry 80.2 ပ. Documented Sts Directions AS NEEDED AS NEEDED - Potential Problem Reassessment/Evaluation - Pediatrics (continued) Z \*Religious or Cultural practices that may affect learning: Ø đ \*Physical limitations that may affect learning (Y/N): N (continued) Excellent - Adeciate á. 03/11/16 1440 CJP 03/11/16 1456 CJP G SKIN DESCRIPTION Room/Bed: X.E5514-1 03/11/16 1440 CJP 03/11/16 1452 Learner's Preferred Wethod: One-on-One Teaching Recorded Time: 1440 Emotional Support/Teaching Location: Problem/Goal/Intervention Description Language Spoken (002): English Learner: Family 6 Patient Education Nutrition: 3 Time Friction/Shear: Tissue Perfusion/Oxygenation: Total Braden Scale Score: 24 Occurred If Other, Describe: 11.32 Skin Color: Normal Skin Hydration: Normal Activity Date: 63/11/16 Admitted: 03/10/16 at if YES, describe: If YES, describe: Date LOCALION NIS IN Accivity Document Document Status: 102000 100507

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	1054		raye 1439 01 1730

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th Nursing **LIVE**  Printed 10/01/19 at 1352  RSING INFORMATION	Problem/Goal/Intervention Description Sts Directions Prom Activity Occurred Recorded Documented Charge Charge	Activity Date: (3)IL/16 Time: 1455 (continued)  1-3	*Follow-up care (Y/N): N: Refab/Resources (Y/N): N:
Age/Sex: 4Y 04M F         Attending: Tran, Sharon M.D.           Unit #: X005629604         Account #: X32120206           Admitted: 03/10/16 at 1132         Location: 5ES         Will:s-Knighton South Nursing **LIVE: Status: DIS IN ROSM/Bed: X.E5514-1	Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Time by Comment	Accivity Date: 03/11/16	9) School: N/A  Grade: Name:  10) School: N/A  Grade: Name:  11) School: N/A  Grade: Name:  12) School: N/A  Grade: Name:  12) School: N/A  Grade: Name:  13) School: N/A  Grade: Name:  14) Phone #:  15) School: N/A  15) Patient FT. WILL RETURN HOWE WITH MIR. AT D/C. THE PIS. IS FOLIOWED AT HAILY HEALTH. THE PT. ALSO RECEIVED SPEECH THERAPY. SOCIAL SERVICE  15) WILL FOLIOW:  16) Activity Date: C3/IL/16  17) Patient Education  16) Patient Education  17) Patient Education  18) Learner: Grade: N/IL/16 1456 FDM  19) Learner: Grade: C3/IL/16 1456 FDM  100 Learner: Speeced Method: One-on-One Teaching  Larguage Spoken (CC2): English

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	1055		

4Y 04M F Attending: Tran, Share: N.D. KOC629604 Account #: X22.20206	
Admitted: 03/16/16 at 1132 Location: 525 Status: DIS IN Room/Red: X.E5514-1 Status: DIS IN Room/Red: X.E5514-1	South Nursing **LIVE** . NURSING INFORVATION
Problem/Goal/Intervention Description Ste Directions From Activity Occurred Recorded Documented Change	Problem/Goal/Intervention Description Sts Directions From O Activity Occurred Recorded Documented H Type Date Time by Comment
Activity Date: 03/11/16 Time: 1600	Activity Jate: 03/11/16 Time: 1600 (continued)
oy a NA 9 03/1 3p Post fempera Pare So 22 Dell	Grigor Curpur (Continued)  Amount Of Stool:  Ileostomy (ml):  New Colostomy Curpur:  NG (ml):  Stasis (ml):  Est. Bld Loss (ml):  Chost Tube #1 [ml]:  Chost Tube #1 [ml]:
Call light/Telephone In Reach: Y	2: 3: 3: xrostomy rvAC, #5 0= Misc
Pr. Of Inte: N	A Q2H CP 5.3 CP ton Observed: Y Precentions: Y
- Document 03/11/16 1800 CJP 03/11/16 1849 CJP 10.7  - Document 03/11/16 1800 CJP 03/11/16 1849 CJP 10.7  ORAL - just H2O (H1):     ORAL (roc water) m1: 476     Tube Feed (M1):     NOT Tube Flushes (H1):     PEG Tube Flushes (H1):     TY (M1):     TY (M1):     TY (M1):     TY (M1):     Alinyid (H1):     Blood (H1):     Alinyid (H1):	Crib Rails (Up / Down): Down  Number Of Bed Rails Up: 2  rails up because of meds given: N  Bed Brakes Locked: Y  Sed High OR Low Position: LOW  All Alarms On and Audicle: Y  CPM in use: N  P. Off Unit: N  A. RT - Aerosol Inerapy  A. RT - Aerosol Inerapy  ent  03/11/16 1800 KER 03/11/16 1823 KER  a. New Start: N Protocol N Therapy Given: Y If no, why: Frequency OH:  S/Dosage: 1.25mg XOPENEX
Urine voided (ml):  Urine cari. (ml):  Color of Urine:  Character of Urine:  Urine Incr Est (ml):  If No Ourput, Is Pt. On Dialysis:  Void X XW: 2 Last Void Date: 03/11/16 Last Void Time:  Stool X: 1 Stool Weight oc's Date Of Last EX: 03/11/16  Color Of Stool:	Witals: PRE HOST POST HOST HOST HOST HOST HOST HOST HOST H

									1056						Page 144	1 of 1758
Page: 22 of 35	Printed 10/01/19 at 1352	From						r.	Sd .	So Impairment	Rarely Wolst Age Appropriate No limitation	No Apparent Problem Excellent			₿	
	ייהבאל	Sts Directions Documented / Comment Doits	led)	(concinued)	ntions			A 02H	A QSHIFT W N SO.0 N 18 YEARS OLD)	3 Slightly Limited	Occasionally Moist Walks Occasionally Slightly limited	olem	No Impaliment Occasionally Moist Age Appropriate	No Lattacion Excellent Potential Problem Excellent	A AS NEEDED	
		otion Recorded Date Time by	Time: 2000 (continued)	enent - PEDI	1	z >	>	03/11/16 2151	pedroy: 1 Pediarric Risk Assessment 1.1/16 2000 JW 03/11/16 2151 JW BRADEN SCALE FOR PEDS (1ESS THAN	2 Very Limited	Very Moist Chairfast Very limited		No Impairment - Occasionally - Age Appropria	- NO LAMICAL - EXCELLENT - POLENTIAL - EXCELLENT	2138	ed: Y
	i b	Problem/Goal/Intervention Description Activity Occurred Re Type Date Time by Date		PALN Assossment / Maraga Criser of Pain: Rain Rollewed By: Pain Yade Worse By: Canaga of Pain Canaga	range concern of the correction of the correctio	gic (see MAR):		900 300 300	y Frequency: Braden Pediatric Risk Assessment 03/11/16 2000 JW 03/11/16 21: BRADEN SCALE FOR PEDS (LES)	l Completely limited	Constantly Woist Redfast Completely Immobile	Significant Problem Extremely Compromised		.xon.lry: 4 Xurntion: 4 Friction/Shear: 3 Tissue Perfusion/Oxygeration: 4	Scale Score: 26 Discharge Assessment/Planning 63/11/16 2000 JW 03/11/16	Discharge Problems/Needs Identified: Y :RESPIRATIONS :ACTIVITY :NUTRITION :SAFETY :MEDS
,7	th Nursing **IIVE* RSING INFORVATION	Problem/Goal/; Activity Type	Activaty Date: 03/11/16	162012	1	Prarmacologic Nor. Prarmacologic: Emotional support:	fort me ve tech	402170  - Document	Oxygen Delivery Frequency: 990560 Braden Pedia - Document 03/11/16 2	C	XOISTAE ACTIVITY MOBILITY C	E E	Sens	Tissue Perfusi	Total Braden S 100006 - Document	Discharge Problem: RESPERATIONS: ACTIVETY RUTTRITION SAFETY MEDS
) NOSEEQNEH	Wills-Knighton Scuth Nursing **IVF: HIMS PRINT ALL NURSING INFORMATION	ris From Nented Chance		Goal Note: Y		CP CP CP CP CP CP CP CP CP CP		PS	rental Factors: 3 History of Fall or Infant-Toddler Placed in Bed Patient uses assistive devices or	garage and a second sec	dation/Anesthesia 1		(3) Miltiple usage of: Seditives, Hypnotics, Barbituates, Phenothlazines, Anti- depressants, Laxatives/Diurctics, Marcotic	isted above is/None		0.0
ran, Sharon N.M.D.	-5-5-E	Sts Directions  1 Documented Time by Comment	(continued)			A Q4# 1622 KER 03/10 0000 QZH		TIMCA A ACKET	Environmental Factors: 3  (4) History of Fall or Infant-Toddler Placed in Bed  (5) Patient uses assistive devices or Them Faddler in the Colon of Them Faddler in		(1) Outpatient Area Response to Surgery/Sedation/Aneathesia 1 (3) Within 24 hours (2) Within 46 hours	(1) More than 48 hours Medication Usage: 1	(3) Williple usage of Barbituates, Phe depressants, Lay	(J) Une of the Medications/None Fall Risk Toral: 16 PEDI A PRY	iverness fically fically y, and	2150 JW
Attending: Tran,	Account #: Astrocus 1132 Location: 5ES Room/Bed: K.E5514-1	cordec	Time: 1800	- Acrosol Therapy (continued) sesting Toward Goal: Unchanged LLERATED TREATMENT WELL.	.6 mine: 1822	ol Thera	6 Time: 2000	Fall Risk - Pediatric 03/11/16 2000 JW 03/11/16 2150	sessment s old years old	7 car 0.0	.e ;308: :8	Arceterion Oxygenarion, Respiratory Diagnosis, Dchydration, Ameria, Anorexia, Synospe,	Disorders	e or winterions thinterions thinterions thinterions thinterions the part / Yanagement - PEDI	Use to document the effectivencess of medications given specifically for the control of pain.  Ask patient to be specific negating location, sevority, and	UNIT OF STATE OF STAT
Age/Sex: 4Y 04N F	Unit #: K000629604 Admitted: 03/10/16 at 1 Status: DIS IN	Problem/Goal/Intervention Description Activity Occurred Recover Date Time by Date	Activity Date: 03/11/16	990008-A RI - Acrosol Therapy (continued) Is Patient Progressing Toward Goal: Unchanged Commonts/Plan: TOLERAIPD TREATMENT WELL.	Activity Date: 03/11/16	990008-A RT · Aoro - Ed Direcus 03/11/1	Activity Date: 03/11/16	100542 Fall Risk - Document 03/11/2	Pediatric Fall Risk Assessment Age: 4 (4) Less than 3 years old (3) 3 to less than 7 years old	(1) 13 years and above Gender: 1	(2) Male (1) Ferale Diagnosis: 3 (4) Neurological Diagnosis		Dizinees, etc.  (2) Psych/Behavioral Disorders  (1) Other Diagnosis  (ognitive Impairment: 3	(3) NOT AWARE OF LAMINICATIONS (2) Forgets Limitations (1) Oriented to Own Ability 102012 PAIN Assessment	osmo osmo osmo osmo osmo osmo osmo osmo	- Document 03/11/16 2000 JW 03/11  Are You Having PAIN / DISCOMPORT Now: N Is this a new episode of pain: N Location Of Pain: Duration Of Pain: Pain Frequency: Character of Pain:

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ron X X.D.	HENDERSON				Page: 23 of 35
<pre>thit #: X006629604 Account #: X32120206 Admitted: C3/10/16 at 1132 Location: 5ES Status: DIS IN Room/Bed: K.E554.1 HINS FRI</pre>	Wills-Knighton South Nursing **LIVE HIMS FRINT ALL NURSING INFORMATION	g **ILUE**		Printed	Printed 10/01/19 at 1352
Problem/Goal/Intervention Description	Proble	Problem/Goal/Intervention Description	101	Sts Directions	mox 2
red		vity Occurred Date Time by	Recorded Date Time by	Documented Comment Units	Crange
Activity Date: 63/11/16 Time: 2000 (continued)	Activ	Activity Date: 03/11/16 Tin	Time: 2000 (continued)	d)	
100006 Discharge Assessment/Planning (continued)	103507 IV Pump:	Reassessment/Evaluation 3: N How Many IV Pumps: C F	- Pediatrics	(continued) N Heating Pad: N	
Nitargements Made to Meet Need(s): Y : ONGOING	SOS	SCS in place at beginning of shift: N	s abalg in state s	TENS in place at beginning of shift: )	z
	Vainta	Maintain Central Line:TLC/PLCC/SWAX/FORT/HD CAX (Y/X): X	X/FORT/ED CATHETER/( ed? (Y/X): X	CATHETER/CAC/UVC/BROVIAC? $(Y/N):N$	×
Reass	CP Nainta	Maintain Periphoral IV or PRN Adaptor Y/N:	tor Y/N: N		
TA CONCENSATION, RESP TXS, VITALS, SAFET	*Xestr Has pa	*Restraints: N *Restraint Type: Has patient had am adverse drug reaction this shift: N If yes, rame of Med:	action this shift: N Type of Reaction:	N action:	
Pain At	Speci	Does the Patient Have any Complaints Specific Needs: MONITOR RESPIRATIONS Specific Needs: MONITOR 02 SAT	ts Or Specific Needs: Y	У : S:	
Level Of Alertness: Responds to parent Pupillary Reaction: Equal/Reactive *Protion/Psych Assmt: Fediactric/ quiets easily Responds: Spontaneously Ventilator Ventilator Transcript Psychology *Prest's Courter and Pffortlass	Precau Negeti	Precautions: Y Type of Precautions: Droplet Precaution Standard Precautions: Y Negative Air Pressure Confirmed - Discharge of air Outdoors or HEPA Filtration Unit (Y/N): N *** Antient IN NOT RESISTITATE: N	: Oroplet Precautio Discharge of air Ou	n Standard Precautions: Y uddors or HEPA Piltration Unit(	tions: $Y$ on Unit( $Y/X$ ): $X$
Amoun	ייי ביייי זיייים לי	Decident Pall Risk Assessment	Env' ronz	Environmental Factors: 3	
@	Age: 4		H (5)	i di	Infant-Toddler
Pulse Quality: Normal Pulsation Homan's Sign: Not Indicated	(5)	(4) Less than 3 years old (3) 3 to less than 7 years old	d (E)	Placed in Bed Patient uses assistive devices or	evices or
/Active Bowel Sounds	<u> </u>	(2) 7 to loss than 13 year old		Infant-Toddler in Crib o	or
Bowel Movement This Shift: N Date Of Last Bowel Movement:	Gender: 1 Gender: 1	ader: 1 75 Male (1) Pemale	(2) F	Patient Placed in Bed Outpatient Area	
Are You Having PALN / DISCOMFORT NOW: N	2; agno	Diagnosis: 3	Response	Response to Surgery/Sedation/Anesthesia	esthesía l
	(7)	(4) Neurological Diagnosis (3) Alteration in Oxygenation	(3) %	(3) Within 24 nours (2) Within 48 hours	
		Respiratory Diagnosis, Dehydration,	] G ;	More than 48 hours	
Character of Pain: Omean of Dain:		Anemia, Anorexia, Syncope, Diziness, etc.	Wedicati	Medication Usage: 1 (3) Multiple usage of: Sedatives, Hyprotics,	ives, Hyprotics,
Pain Reileved By:	(2)	Psych/Behavioral Disorders	, m	Barbituares, Phemothiazines, Anti-	res, Anti-
Pair yade Worse By:	(E) (E)	(1) Other Diagnosis Compliate Impaintent: 3	.0 N	depressames, lexatives/Diuretics. Narcotic	luretics,
rail scale used of assess paris.	(e) (f)	(3) Not Aware of Limitations	(2) (3)	(2) One of the meds listed above	bove
Pain interventions Prarmacologic (see WAR):	S G	oriented to Own Ability	Fall Ris	Risk Total: 16	
Non-Frankacologic: Emotional support:	<del></del>				
Comfort measures:		F BRADEN SCALE	BRADEN SCALE FOR PEDS (LESS THAN 18 YEARS OLD)	18 YEARS OLD)	41
	SENS PERCEP	ERCEP Completely Limited	Very limited	Slightly Limited Occasionally Moder	No Impairment Rarely Moist
Volging: Y Linwelling Orlhary Carloter Y//: N Can Link Catherer De Removeur (1/4) Color Of Urine: NOT OBSERVED Character Of Utine: Not Observed	<del> </del>	S	Chairfast Very Limited	Walks Occasionally Slightly Limited	Age Appropriate No Limitation
	NUTRITION		nadequate	Adequate	Exceller

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**	Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Comment Units	Activity Date: 03/11/16 Time: 2000	Vital Signs Vital Signs taken by an RV. 03/11/16 2000 5	Drype:  Edward 98.0 Type Of Temperature: Axillary Feart Race: 148 Heart Race Source: Machine Resp. Rate: 60 SAO2: 96 02 Delivery: ROOM AIR 20022 Safety Checks - Document 03/11/16 2151 UW Family Yember At Bedside: Y Respiration Observed: Y Gall Light/Telephone In Reads: Y Fall Precautions: Y	/ Jown): Jown Lis Up: 2 Egiven: N Focked: Y Satison: LOW Audible: Y Lin use: N Lin use:	*Religious or Cultural practices that may affect learning: N  If YES, describe: *Physical limitations that may affect learning (Y/N): N  If YES, describe: *Cognitive limitations that may affect learning (Y/N): N  If YES, describe: *Encional inflatations that may affect learning (Y/N): N  If YES, describe:  *Encional inflatations that may affect learning (Y/N): N  If YES, describe:  If pacient has pain, what issues have been discussed with patient regarding this: *MILL MONITOR FOR PAIN USING FLAC SOMIE AND TREAT ACCORDINGLY. NO PAIN *NOTED AT THIS IDE. COMFORT MEASURES  PL/Family encouraged to report concerns about Pt. swfety issues: Y What swfety issues have been addressed with the patient: 2 PT IDS, CALL HELL IN REACH, BED *IOW AND LOCKED, SIDE RAILS UP, ADULT SUPERVISION  *Is patient/femily motivated to learn (Y/N): Y  If NO, explain:  IEARNING NEEDS  TEAGLING SUMMARY
Age/Sex: 4Y 04M F Attending: Tran, Sharon N M.D.  Thit #: KG0655604 Account #: K32120206 Admitted: 03/10/16 at 1132 Room/Bed: K.E554-1 HIVS PRINT ALL NURSING **IVE	Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented Change	n-14v 78re: 63/22/26	assessment/Evaluation - Pedia ignificant Problem Proble remely Compromised Compromi	Noisture: 3 - Occasionally Wolst Activity: 4 - Age Appropriate	<pre>skin Color: Normal Skin Color: Normal Skin Color: Normal Skin Temp/Character: Warm &amp; Dry Skin Hydration: Normal Pressure Ulcer/Skin Impairment Since Previous Assessment: N If YES, list all location(s) and use the Skin Description lookup and/or Free Text for FACH:  LOCATION SKIN DESCRIPTION : :</pre>	: : :: :SKIN INTACT NO BREAKDOWN NOTED : :SKIN INTACT NO BREAKDOWN NOTED : : : : : : : : : : : : : : : : : : :

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Goal/Interventic	Date Time by Date Time by Comment.	meinued)  TV (#1) startod:  A Q2H: 2/16 0252 JW Respiration Observed: Y Fall Precamions: Y Down	aed Rails Up. of meds given: Brakes Locked: Low Position: CPV in Use: Pt. Off Unit:	Activity Jate: 04,2716 Inne: 0000  200006 IV Site #1 Check/Care - Document 03/12/16 0000 JW 03/12/16 0252 JW  Zoince #1: Left Wrist  Peripherally Inserted Central Catheter (Y/N): N Site Docupion #1: Normal Rate (cc/nr) #1: 45  Type Of IV Solution #1: (Tree text): D5 1/2 WITH 20 KCL Site Charged #1: IV Thing Charged #1: PSI Actual Reading #1: PSI Actual Reading #1: IV Dressing Charged Site #1: IV Dressing Charged Site #1: IV Dressing Charged Time #1:	IV (#1) started: 03/10/16 Time IV (#1) started:  Vital Signs  Vital Signs  Vital Signs taken by a NAI are reviewed  by an IN 12/16 0000 JW 03/12/16 0043 JW  Pressure:  BP Type:  BP Type:  Temp: 96.1 Type Of Temperature: Axillary  GATT Rate: 12 Heart Rate Source: Machine  esp. Rate: 24  SAO2: 97  O2 Delivery: ROOM AIR	20001 Safety Crecks A Q2H - Document 03/12/16 0252 JW Family Member At Bedside: Y Respiration Observed: Y Call Ligit/Telephone In Reach: Y Fall Precautions: Y
Admitted: 03/-0/-6 at32 Mocation: 353 Status: 075 IN Richard K.E5514-1 Status: 075 IN Richard K.E5514-1	Stal/Intervention Description Description Stal/Intervention Description Description Stal/Intervention Description Description Stal/Intervention Description	Activity Date: U3/11/16	DIET  Y, CHANNEL 95, 2 PT IDS, CALL BELL IN REACH, BED LOW AND DE RAILS UP, ADULT SUPERVISION  COMPETENCE to self administer medications: N  Ned3: NA  Ned3: NA	Discussing Demonstrated By: Expresses Understanding  Stills Osmonstrated By: Expresses Understanding  (Y/X): Y [X]  CONJACT []  Sate: 03/11/16	Delivery:  3: 2200  33/12/16 0252 JW A Q2H 8.0  Seter (Y/N): N	Type Of 1V Sclution #1 (free text): 35 1/2 Wiff 20 KCL  2

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26.	Printed 10/01/19 at	Problem/Goal/Intervontion Description. Sts Directions Activity Occurred Recorded Documented Type Date Time by Date Time by Comment	### Activity Date: 03/12/16	If No Output, Is Pt. On Dialysis:  Stool X:  Stool Weight cc's Date Of Lest BY:  Stool Consistency:  Color Of Stool:  Amount Of Stool:  Ileostomy (ML):  New Coloscomy (ML):  Bresis (ML):  Rectal Tube (ML):  Fectal Lose (ML):  Est. Bid Lose (ML):
HENDERSON,	Willis-Knighton South Nursing HIMS PRINT ALL NURSING	aented Grange	8.0 GP	9.8 G
Attending:	<pre>thit #: XC00629604 Account #: X32120206 Admitted: 03/10/16 at ::32</pre>	Problem/Goal/Invervention Description  Activity  Activity  Activity  Decurred  Time by Date Time by Comment Units	Accivity Date: 03/12/16	

0 540 00400 555 1411	5	E.I. 1 0E (0E (0E)	D 04 (000 D 1D //
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	1061		

	Attending: Tran, Sharch N.M.D.		Page: 27 of 35
Unit #: XCC5629604 Admitted: 03/10/16 at 1132 Status: DIS IN	Account #: K32.20266 Location: 5ES Room/Red: X.E55.4-1	Willis-Knighton South Nursing **IJVZ) HIMS PRINT ALL NURSING INFORMATION	South Nursing **IVE** L NURSING INFORMATION
Problem/Goal/Intervention Description Activity Occurred Re	Description Sts Directions Recorded Te by Date Time by Comment Units	From Change	Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented Type Date Time by Comment
Activity Date: 03/12/16	Time: 0430 (continued)		Activity Date: 03/12/16 Time: 0600 (continued)
Dutput 17. Tube #3	<pre>Continued) Year Bld Loss (TI):    (TI):    (TI):</pre>		200021 Safrty Checks (continued) Number of Red Rails Up: 2 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: JOW All Alarms On and Audible: Y CRY in use: N Pr. Off Unit: N
			Activity Date: 03/12/16 Time: 0800
Neptrostomy (ml): WCLND EVAC. #1 (ml): Amt. Of Or Asg. Of Misc. Body Fluid (ml):	: : dy Fluid (m3):		v 0800 CJ
Source of Output Or Asp. of - Mil 20002. Safety Checks - Document 03/28/16 0430 Jl Family Membor At Bedeide: Y Call Light/Telephone In Reach: Y	i. Misc. Body Fluid:  A Q2H  B30 JW 03/12/16 G504 JW  Ge: Y Respiration Observed: Y  ch: Y Fail Precautions: Y	θ	O2 Delivery: ROOM AIR  Vital Signs Vital Signs taken by a NAT are reviewed  Vital Signs taken can be a NAT are reviewed  Vital Signs taken by a NAT are reviewed
Crib Rails (Up / Down): Number Of Bed Rails Up: Are bedrails up because of meds giver: Bed High OR Low Position: All Alarms Criand Row Position: CRY in use: PER CRIBER OF ALC AUGIDLES	Crib Rails (Up / Down): Down  Number Of Bed Rails Up: 2  up because of meds given: N  Bed High OR Low Position: LOW  Li Alarms Cn and Audible: Y  Pr. CP in use: N  Pr. CP fruit: N		Document
Activity Date: 03/12/16			y Werber Az Beásido: Y Respiracion Observed: Y Fall Precautions: Y
200008 IV Site #1 Check/Care - Document 03/12/16 0600 JW 03/12/16 0650 IV Site #1: Left Wrist Peripherally Inserted Central Calheter (Y/N): N Site Description #1: Normal Rate (cc/hr) #1: 45 Type Of IV Solution #1 (free text): D5 1/2 WITH: Site Charged #1: TV Thoing Charged #1:	#1. CheCi/Care A 02H 2/16 0600 JW 03/12/16 0650 JW #1. Left Wrist Tred Central Calneter (Y/N): N #1. Normal #1. 45 #1. (free text): D5 1/2 WTH 20 KCL #1.	G	Crib Raiis (Cp / Down): Down Number Of Bed Rails Up: 2 Are bedrails up because of meds given: N
IVPB Tubing Charged #1: PSI Limit Settings #1: PSI Actual Reading #1: IV Dressing Charged Site #1: IV Dressing Charged Time #1:	1		716 Time: C rosol Therapy 716 0820 ABH 03/13 8 Protocol N Th
Lege JV (#1) STATEGG: U3/10/16 20021 Safety Crecks - Document 03/12/16 0600 JW Family Member At Bedside: Y Call Light/Telephone In Reach: Y Cxib Rails (Up / D	Started: 03/10/16 line 1V (H-) Started: A 02H Afcry Crecks Der X 03/12/16 0600 JW 03/12/16 0651 JW Der At Bedside: Y Respiration Observed: Y phone in Reach: Y Fail Precautions: Y Crib Rails (Up / Down): Down	đ	Inerapy Frequency War. Meds/Dosago: 1.25mg XOPENEX Vitals: PRE HR 125 RR 27 RS 27 BSS SANE

	, ,		4
Age/Sex: 4Y 04M F	Attending: Jan. States N.J.	T. VOCULTOVIE	raye; 78 01 35
dant #: Avvocatory Admitted: 03/10/16 at 1132 Status: DIS IN	555 5.25514-1	Willis-Knighton South Nursing **LLVE HIMS PRINI ALL NURSING INFORMATION	Soutn Nursing **LLVE** . NURSING INFORMATION
Problem/Goal/intervention Description Activity Occurred Re-	n Description. Sts Directions red Recorded Documented Time by Date Time by Connent Units	Prom	Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documentod Time by Comment Units Charge
Activity Date: 03/12/16	Time: 0820 (continued)		Activity Date: 03/12/16 Time: 0900 (continued)
τ.	- Aerosol Inerapy (continued) : PF		<u> </u>
Effective cough Y Increase Secretions N	Spurum Anount: None Spurum Color: Spurum Consistency:		Bowel Movement This Shift: N Date Of Last Bowel Movement: Are You Having PALN / DISCOYFORT Now: N Ls this a new episode of pain: N
Is Patient Progressing Toward Goal: Unchanged Comments/Plan: PATIENT TOL TX WELL	nrd Goal: Onchanged  TX WELL		Location Of Pain:  Dration Of Pain:  Character of Pain:  Cuset of Pain:
Activity Date: 03/12/16	Time: 0900		Fain various 37. Pain scale used to assess pain: FLACC
100006 Discharge Ass	Discrarge Assessment/Planning A AS NEEDED 03/12/16 0900 CJP 03/12/16 0511 CJP	6	Pain score: 0 Pain Interventions Pharmacologic (see MAR):
Prok SATJ			Non-Pharmacologic: Drocional support: Comfort measures: Cognitive techniques:
ACINIIX NULTRITION SAFETY MEDS			Voiding: Y Indwelling Urinary Catheter Y/N: N Car this catheter be removed? (Y/N): N Colding: Y Indwelling Urinary Catheter NOT OBSERVED Character Of Urine: NOT Observed
Arrangements Made to Meet Need(s): Y	Need(s): Y	-	z
: ONGOING			hift: N
: : 100507 Reassessment/	Reaseessment/Pvaluation - Pediatrics A	Đ	Maintain Central Line:TLC/PICC/Swan/FORT/HD CATHETER/URC/UVC/BROVIAC? $\{Y/X\}$ : N Can this line be removed? $\{Y/X\}$ : N
Hent	done		Maintain Peripheral IV or PRX Adapter Y/N: $$ N
Date: 03/12/16 Shift: 7A - 7P			rt Type: se drug reaction th
Focus / Plan For The Day: MCNITCK OXYGN Plan Of Care Discussed With Patient: Y	Plan For The Day: Manick Oxychwalion, ASP 1XS, Vinals, Swill Care Discussed With Patient: Y Plan Of Care Updated: 03/12/16		Type of React
Wound: N Dressing: N	Drain: N Pain At Present Time: N Swallowin	Swallowing Difficulty: N	Does the Patient Have any Complaints Or Specific Needs: Y Specific Needs: MONITOR RESPIRATIONS Specific Needs: MONITOR O2 SAT
<pre>ievel Of Alertness: Responds to parent *Enotion/Feych Assmt: Pediactric/ quiets er Ventilator N</pre>	onds to parent Pupiliary Reaction: Equal/Reactive actric/ quiets easily Responds: Spontaneously rand Effections	ctive usly	Precautions: Y Type of Precautions: Droplet Precaution Negative Air Pressure Confirmed - Discharge of air Outdoors or HEPA Filtration Unit (Y/N): N Fre name in NYM Bressure Type. N
Expectorant Cough: Day Cough Expectorant Color: Not Applicable O2: Y O2 Delivery: ROOM AIR Pulse Quality: Norma! Pulsation Edera OE Extremizy: Norma!	Arount Expectorated: NA Corsistency: NA Corsistency: NA Go % (When using Bla Horsan's Sign: NA Horsan's Sign: NA	cable cable sted	Pediatric Fall Risk Assessment Ervironmental Factors: 3 Age: 4 (4) less than 3 years old (3) 3 to less than 7 years old (3) Placed in Edd (3) 40 less than 7 years old (3) Place than 7 years old (3) Place than 7 years old (3) Place than 7 years old (4) Place than 7 years old (4) Place than 7 years old (5) Place than 7 years old (5) Place than 7 years old (6) Place than 7 years old (6) Place than 7 years old (7) Place than 7
The second of th			

E) Printed 10/01/19 at 1352 From ä r) Fage: 25 of patient has pain, what issues have been discussed with patient regarding this: FREE TEXT DESCRIPTION OF SKIN FININGS (size, wound bod, drainage, odor, etc): 80.2 0.0 Documented Sts Directions AS NEEDED NEEDED SZ Reassessment/Evaluation - Podiatrics (continued) Continent Religious or Cultural practices that may affect learning: \*Cognitive limitations that may affect learning  $(Y/N):\ N$ \*Erotional limitations that may affect learning (Y/N): N 1f ves, describe:
\*Physical limitations that may affect learning (Y/X): N (corringe) 03/12/16 0900 CJP 03/12/16 0911 CJP ò 03/12/16 0900 CJP 03/12/16 0911 CJP 1.10 Learner's Preferred Method: One-on-One Teaching Recorded Time: 0900 Learner: Both Parents SKIN INTACT NO BREAKDOWN NOTED Emotional Support/Teaching Jate Problem/Goal/Intervention Description Language Spoken (002); English à Patient Education Time Occurred If Other, Describe: Activity Date: 03/12/16 If YES, describe: If YES, describe: If YES, describe: Date Willis-Knighton South Nursing \*\*LIVE\*\* HINS PRICE ALL NURSENG INFORMATION Activity Coursent - Document Type 102000 100507 Apparent Problem Excellent From NOSKECNE: (3) Miliple usage of: Sedatives, Hypnotics, Age Appropriate No Limitation No Impairment Rarely Moist Change Excellent Respense to Surgery/Sedation/Anosthesia 1 Barbicuaces, Premochiazines, Anti čepressants, laxativos/Diuretics, (2) One of the meds listed above ö 8 Infant-Todaler in Crib Other Medications/None Occasionally Moist Patient Placed in Bed Documented Walks Occasionally Slightly Limited Slightly Limited Potential Problem Furniture/Lighting (1) Nore than 48 hours Directions (3) Within 24 hours (2) Within 48 hours Outpatient Area CIO SEREY BE Acequate Fall Risk Total: 16 Medication Usage: 1 Occasionally Moist Potential Problem Reassessment/Evaluation - Pediatrics (continued) Age Appropriate Commont Narcotic Sts No Limitation Attending: Tran, Sharon N M.D. Excellent (corrections) NATE SEET ξ, 80 Û J. ... Account #: K32126206 Room/Bed: K.E5524-1 Very Limited Very Limited Tradequate Compronised 2 Very Moist Chairfast Froblem Recorded Location: SES Time: 0800 ---- BRADEN SCALE FOR PEDS Respiratory Diagnosis, Dehydration, Sate Problem/Goal/Incervention Description Extremely Compromised Significant Problem ≨, Completely Limited Completely immobile (2) 7 to less than 13 year old Psych/Behavioral Disorders Anemia, Anorexia, Syncope, Constantly Moist (3) Alteration in Oxygenation (3) Not Aware of limitations(2) Forgets limitations(1) Oriented to Own Ability Activity: Mobility: Nutritions Moisture: Friction/Shear: TTE Sensory Perception: Tissue Perfusion/Oxygenation: (4) Neurological Diagnosis Very Poor Occurred Bedfast Admitted: 03/10/16 at 1132 Status: DIS IN Activity Date: 03/12/16 (1) 13 years and above (1) Female Cognitive Impairment: 3 Other Diagnosis Date Diziness, etc. K000629604 47 C4N F Diagnosis: 3 Accivity SENS PERCEP FRICT/SHEAR PERF/OXYGEN (2) %ale NOTTENTON Age/Sex: Unit #: Gender: WOLSTURE ACTIVITY WOBILITY .00507 (2) <u>.</u>

What safety issues have been addressed with the patient: 2 PT IDS, CALL BELL IN REACH, Pt/Family encouraged to report concerns about Pt. safety issues: Y :LOW AND LOCKED, SIDE RAILS UP, ADULT SUPERVISION \*Is parient/family motivated to learn (Y/N): Y If NO, explain: Pressure Clcer/Skin Impairment Since Previous Assessment: N If VES, List all Location(s) and use the Skin Description Lookup and/or Free Text for EACH. Skin Temp/Character: Warm & Dry SKIN DESCRIPTION Skin Color: Normal Skin Fydration: Normal LOCALION

TEACHING SUNVARY

\*Discase (Y/N): Y :RESP DISTRESS, -MYCOPLASMA

LEARNING NEEDS

WILL MONITOR FOR PAIN USING FLACE SCALE AND TREAT ACCORDINGLY. NO PAIN

COMFORT MEASURES

NOTED AT THIS TIME.

i verify that I have performed a complete skin assessment and documented all findings below.

Total Braden Scale Score: 26

Attending:	Page: 30 o£ 35
<pre>thait #: KCOGE26G64 Account #: N3412/200 Admitted: 03/20/16 at 1132 Iocation: 5ES Admitted: 03/20/16 at 1132 Iocation: 5ES Status: DIS IN Room/Bed: K.E5514-1</pre> Status: DIS IN	Printed 10/01/19 at 1352
Problem/Goal/Incervention Dascription Stoner, Goal (Incervented Recorded Scone Scone Scone Pron Activity Occurred Recorded Scone Document Change Change	Probicm/Goal/Intervention Description Ste Directions Prom 0 Activity Occurred Recorded Documented Time by Comment Units Change 6
/ Date: 03/22/26	/ Date: 03/12/16 Time: 1200 (continued)
1-0   Patient Education (continued)   1solation (Y/N): Y :BROPET, CONTACT   *Equipment (Y/N): Y :CRIB FALIS, CALL BELL   *Procedure (Y/N): Y :CRASSESSENT   *Yadication (Y/N): Y :ORA-SED   *New Medication (Y/N): N :ON NEW MEDS CROPEED   Education (Y/N): N :ON NEW MEDS CROPEED   Ed	20002: Safory Checks (continued)  Bed Brakes Tocked: Y  Bed High CR Low Position: LOW  All Alexms On and Audible: Y  CPM in use: N  P. Off Unit: N
(Y/N): Y (Y/N): N (Y/N): Y aching: PO : LO	### Activity Date: 03/12/16
If applicable, pt has demonstrated competence to self administer medications: N  Medi: NA Medical NA Medical NA  Method Of Instruction: Explain  Exidence Of Learning Demonstrated By: Expresses Understanding	## 145
2 03/1 2 03/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Effective cough Y  Sputum Anount: None  Increase Secretions N  Sputum Color:  Sputum Anount:  Sputum A
Call Light/relephone in Reach: Y Fall Precautions: Y	Activity Date: 03/12/16 Time: 1400 0
Are bedrails up / Down): Jown  Are bedrails up because of made given: N  Bed Brakes Locked: Y  Bed High OR Low Position: LOW  All Alarms On and Audible: Y  The first of the f	200021 Safety Checks A Q2H C2H C3/12/16 1405 C3P 5.3 GB P C2H C3/12/16 1400 C3P 03/12/16 1405 C3P 5.3 GB Family Member At Bedsido: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y Rail Fractions: Y
1	8 S >> 1
200021 Safety Checks A Q2H - DOCUMENT 03/12/16 1200 CJP 03/12/16 1246 CJP 5.3  Family Member At Bedside: Y Respiration Observed: Y Call Light/Telepione In Reach: Y Fall Precautions: Y	
Crib Rails (Up / Down): Down: Number Of Bed Rails Up: 2 Are bedrails up because of meds given: N	) #:

Age/Sex: 4Y 04% F		HENDERSON,					Page: 31 of 35
Unit #: %000629604 Admitted: 03/10/16 at 1132 Status: DIS IN	Account #: K32120206 Iocation: 5ES Room/Bed: K.E5514-1	Willis-Knighton South Nursing **IJVE: HIMS PRINT ALL NURSING INFORMATION	Nursing **IIVE**			Printe	Printed 10/01/79 at 1352
Problem/Goal/Intervention Description Activity Occurred Re-	Sescription Ses Directions Recorded Documented The by Date Time by Comment	Pron. Change	Problem/Goal/Int Activity Type D	Problem/Goal/Intervention Description Activity Occurred Re Type Date Time by Dat	rion Recorded Date Time by	Sts Directions  Documented  Comment	From
Accivity Date: 03/12/16	Time: 1500		Activity Date: 03/12/16		1ine: 1500		
C3/I2/16 C3/I2/16 Visk Asso	atric  CF 03/12/16 16:5 CJF  Ervironmental Factors: 3	50 54	990560 Brad - Document 03	Braden Pediatric Risk Assessment 03/22/16 1500 CJP 03/12/16 1614 CJP		A QSHIFT 50.0	S. S.
Age: 4 (4) less than 3 years old (3) 3 to less than 7 years old (2) 7 to less than 13 year old (1) 13 years and above	(4) History of Fail or Placed in Bed Placed in Bed Stick uses assist Cold Infant-Joddler in ( Furniture/Lighting (2) Partient Placed in E	Intant-Jodgier tive devices or Tib or And	SENG PERCEP COM MOLSTURE CO ACTIVITY COM	Completely limited Constantly Moist Bedfast Completely	Very Limited Very Moist Chairfast Very Limited	3 Slightly limited Occasionally Moist Walks Occasionally Slightly fimited	4 No Impairment Rarely Noist Age Appropriete No Limitation
(2) Naie (1) Female Diagnosis: 3 (4) Neurological Diagnosis	(1) Respons (3)	oesthesta 1	N EAR GEN	ະ ທ	Inadequate Problem Compromised		Excellent No Apparent Problem Excellent
(3) Alteration in Oxygeration, Respiratory Diagnosis, Derydration, Aremia, Anoremia, Symcope, Diziness, etc. (2) Psych/Behavioral Disorders (1) Other Diagnosis and Cognitive Impairment: 3 (3) Nor Amare of Limitations (2) Forgets Limitations	ti) which to location, (1) wore than 48 hours and the fours and the fours and the fours and the fours and the meds lie (2) Other Medications/X	Sedatives, Eypnotics, hisathes, Anti- ves/Dimetics, nted above ione	8 8	Schsory Ferception: 4 Noisture: 3 Activity: 4 Noblity: 4 Nutrition: 4 Friction/Shear: 3 fusion/Oxygeration: 4	- No Impairment - Occasionally Mo - Age Appropriate - No Limitation - Excellent - Forential Probl	No Impairment Occasionally Woist Age Appropriate No Limitation Excellent Excellent Excellent	
(1) Criencea to Cwr. Ablity 102012 PAIN Assessment Use to docu	Tail Kish Lotatiy PAIX Assessment / Management · PIDI A PRN Use to document the effectivenness	S3.	Activity Date: 03/12/16	.e. 03/12/16 Time:	: 1530		
of medic for the ( Ask patic regarding type of p				Rounds 1530 CJP nt By: TR	12/16 1614 Tren,	A DAILY 0.0 CJP 0.0 Sharon N.M.D.	C
- Document 03/12/16 1500 CJP 03/11 Are You Having PAIN / DISCOMPORT Now: N Is this a new episode of pain: N Cocation Of Pain: Duration Of Pain: Preciency: Character of Pain:	12/16 1500 CJP 03/12/16 16/4 CJP 0.0 / DISCOMPORT Now: N Location of Pain: Pain Precency: Pain Frequency:		Activity Date: 03/12/16 990008-A RT - Aerosol Ther - Document 03/12/16 1537 K Is This a New Start: N Protoc Therapy Frequency Q4H Neds/Dosage: 1.25mg XOPENEX	sol Therapy 6 1537 KER Protocol N	Pe: 1537  A Q4H  03/12/16 1632 XER  Therapy Given: Y lf no, why: Q4H	A QKH 2.5	Đ
Crset of Pain: Pain Relieved By: Pain Made Worse By: Cause of pain: Pain scale used to assess pain: FIACC Pain score: 0	Orset of Pain: Pain Relieved By: Pain Rade Worse By: Cause of pain FIACC Pain score: 0 Pain score: 0		Vitals: PRE im 136 RZ 25 BBS CLEAR		HR 136 RR 25 BBS CLEAR ;	POS:7	
Pharmacologic (see MAR): N Non-Pharmacologic: Emotional support: Y	УАК) :		Effective cough Y Increase Secretions N	× ×	Sputum Amount: Sputum Color: Sputum Consistency:		
Comfort measures: Cognitive techniques:	% <b>י</b> ≮		Is Patient Progra Comments/Plan: P	Is Patient Progressing Toward Goal: Unchanged Comments/Plan: PATIENT TOLERATED TREATMENT WELL	Unchanged	Goal Note:	>1

Willis-Knighton South Nursing \*\*LIVE\*\*
HIMS FRINT ALL NURSING INFORMATION HENDERSON) Attending: Tvan, Sharen N.M.D.
Account #: K32120266
Location: 55S
Room/Bed: K.E5514-1 Age/Sex: 4Y C4X = thit #: XOCC6296C4
Admitted: 03/10/16 at 1132
Status: 015 IN

Page: 32 of 35

Printed 10/01/19 at 1352

Problem/Goel/Intervention Description Sts Directions From	Problem/Goal/Intervention Description Sts Directions From
Activity Occurred Recorded Documented Time by Comment Units Charge	ted its Chang
Accivity Date: 63/12/16 Time: 1537 (continued)	Activity Date: 03/12/16 Time: 1544 (continued)
ol Therapy (continue	190552 Discharge Summary 2 Ped (continued) NAVE/DOSE i TIVES   SECIAL INSTRUCTIONS
Activity Date: 03/12/16 Time: 1544	-
100552	
Brief Summary Of Hospital Stay: IV ANTIBIOTICS, IV FIJIDS, SOLUMEDROE, DIET, COMFORT, : SAFETY, BREATHING TREATMENTS, CR MONITOR, LAB WORK, XRAY	
i: Discharge Diag./Complications: STATUS ASTHYATICUS, VIRAL ILLNESS, RESP FALLIRE (RESOLVED)DISCHARGE VITAL SIGNS Blood Pressure: 112/64 Heart Rate: 117 Resp. Rate: 28 Temp: 98.4 Type Of Immograture: Axillary Heparin Lock Removed: YES	
DISCHARGE FOLLOW OP	is Pall Risk Score 12 or higher (Ped) 3 or higher (Adult): Y
Appt. With:  Appt. With:  Pt/Fam Make Appt In:  Pt/Fam Make Appt I	Verbalizes Understanding Of Discharge Instructions: Y Return Demonstration Of Discharge Instructions: Y Valuables Returned From Business Office: Nevertaken to Bus. office
pice: N*SS: N *HH:N *Diet Chst;N *RT:N	Records Sent With Patient: N Records:
KGE ACTIVITY ot Activity Foo	Discharged Per: Parent Arms Discharged To: Parent/Guardian Mode Of Transportation: Automobile Accompanied By: FAMILY AND STAFF
Restricted Activity: Not Applicable Hygiere Restrictions: Not Applicable Diet Restrictions: REGULAR TIET RESTRICTIONS REGULAR TOTAL RESTRICTIONS FOR FORM VEHICAMIONS	DISCHAGE SKIN ASSESSWENT I verify that I have performed a complete skih assessment and documented all findings below. Grin Term (Francher): Warm & Dry
NAME/DOSE  ORAPRED 15MS/5ML GIVE 4ML BY MOUTH TMICE A DAY FOR 3 DAYS.  PLBUTEROL 2.5/3ML GIVE 3ML VIA NEBULIZER EVERY 4-6 HOURS AS NECESSARY	2. C.
FOR WHEEZING.  ZITHTOMAK 65WG (3.25ML) GIVE 3.25ML BY WOUTH EVERY DAY FOR 2 DAYS.  TYLENG 166WG (5.62ML) GIVE 3Y MOUTH EVERY 4 HOURS AS NECESSARY FOR TREATMINE > 101 DESREES.	If >IC olderiors, document renaining in a Patient Note.  **LOCATION**  :
TAXE HOME VENICATIONS CONTINUED	

35 Printed 10/01/19 at 1352 From Page: 33 of Is there at MD croer to leave in place: Change PICC line removed: Not Applicable is there an NO order to leave in place: N Is some sealth set up to care for PICC line at nome: Was catherer inserted on this admit: Is there an MO order to leave in place: your new medication list with any medication providers and/or pharmacies you use. Documented Directions 5 and Comment Was FICC flushed and dressing changed according to policy: Sts enter Blood types: 2 Type \*\*\* OTHER DISCIPLINE DISCHARGE NOTE (when applie.) \*\*\* Were PICC Line Home Care Instructions given to patient: \*\*\* RESPIRATORY THERAPY DISCHARGE NOTE (when applie.) \*\*\* PHYSICAL MEDICINE DISCHARGE NOTE ( when applie.) (construed) á. describe: Time (continued) Recorded Time: 1544 in hospital, any other devices were left in place, Date Foley Catheter removed: Not Applicable Problem/Goal/Intervention Description Discharge Summary 2 Ped á Time delivered baby while Occurred Activity Date: 63/12/16 Date If pt. delivered baby PALTENT BLOOD TYPE : Hoplack removed: Yes Baby I Type and 3H: Willis-Knignton South Nursing \*\*IIVE\*\* NOTING PRINCE ALL NURSENG INFORMATION Activity Department: Yoe 100552 Ιž C2>95% cap<2sec From Walks Frequently No Limitation Rarely Moist Impairmer: Change Excellent Excellent 4 Š DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, odor, etc): No Apparent Problem Occasionally Woist Documented Unite Slightly limited Walks Occasionally Slightly Limited ---BRADEN Q SCALE FOR PEDS (LESS THAN 18 YEARS OLD) ----Directions Adecriate Adequate cap=2sec Comment Sts Attending: Iran, Sharon N.M.D. (continue) Probably Inacequate No Apparent Problem Ġ. Potential Problem 02<95% cap>2sec - Walks Frequently Account #: X32120206 Room/Bed: K.E5514-1 Time Very Limited Very Limited Compromised Discharge Sumary 2 Pod (continued) Chairfast Very Yolst No Limitation No Impairment Rarely Moist Recorded Location: 5ES Time: 1544 Adequate SKIN INTACT NO BREAKDOWN NOTED Cate Problem/Goal/Intervention Description Extremely Compromised À Completely Limited Completely Immobile Constantly Moist Time Very Poor Occurred Problem Becfast 1132 Date: 03/12/16 Moisture: 4 Activity: 4 Mobility: 4 Nucrition: 3 Friction/Shear: 3 Admitted: 03/10/16 at Status: DJS IN Date Unit #: K000629604 Sensory Perception: C4M F Activity PERF/OXYGEN SENS PERCEP FAICT/SHEAR NULRITION Activity TXET TEXT Age/Sex: MOTSTURE ACTIVITY WOBILITY 3 100552

H5Ö Þ Vital Signs taken by a NAI are reviewed by an RN. Type Of Temperature: Axillary 03/12/16 16:1 CJP Heart Rate Source: Machine Position Time: 1600 CJP ni ni 03/15/16 1600 Vital Signs Date: 03/12/16 Temp: 98.1 Heart Rate: 121 Resp. Rate: 32 SAO2: 97 BP Type: Blood Pressure: - Document Activity 400010 Smoking can be hazardous to your health and those around you. ANYONE that smokes should stop for their health; Assistance to stop snoking is available by calling WK Quit (212-4456), American Lung Association (800-LUNG-USA) or the American Cancer Society (800-QUIT-NOW).

Dialysis patient:

Instructions Provided:

Cardiopulmonary Home Care

C2 Delivery: ROOM AIR

C

Æ

Nurse Signature: CASSANDRA POLLARD,

Signature:

(Autoratically defaults; do not change)

Date of Birth: 10/01/13

PRESCRIPTION FOR ALBUTEROL & ORAPRED GIVEN

Discharge Material Given: DISCHARGE INSTRUCTIONS EXPLAINED AND GIVEN

TO MOY. 10 MOM.

Discharge Waterial Given: TO Discharge Material Given: FR Discharge Material Given: TO Discharge Material Given: 
MATERIALS AND INFORMATION GIVEN TO PT OR FAVILY

22

Total Braden Scale Score:

DISCHARGE

Time Of Discharge: Patient Or Family

21.4

\*\*REMINDER TO PATIENT AND/OR FAMILY: Discard any previous medication lists and update

Age/Sex: 4Y 04Y F	Attending: Tran, Sharon N M.D. arrownt #: X32120206	HENDERSON,		Page: 34 cf 35
Admitted: 03/10/16 at 1132	-	Willis-Knighton South Nursing **ITVE** HTVS Darry MIT NITSCHME TWEGOVARTON	VE**	Printed 10/01/19 at 1352
Status: J.S	יייייייייייייייייייייייייייייייייייייי	TOTAL THE PROPERTY OF THE PROP	1.2.4.1	
Problem/Goal/Intervention Description	Description	Problem/Go	Problem/Goal/Intervention Description	

problem/Goel/Intervention Description	II ECY	Problem/Goal/Intervention Description	arc : 10er 'T. 818.	ii.
ced its	Change	Activity Occurred Recorded Type Date Time by Date Time	Documented by Comments	Change
			1 1	
Activity Tate: 03/12/16 Time: 1600		Activity Date: 03/12/16 Time: 1616		
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5 03/2		Direction ->07, T9	: corre	
Family Member At Bedside: Y Rospiration Observed: Y	1 1	- Eq. Status - U3/12/16 Ibib fils - U3/12/16 Ibib fils	ราช เ	۸ در ا
	1	atus		O A
Crib Rails (Co / Down): Down	10	Exotional Support/Tea	D AS NEEDED	එ
	1	tatus		N A
		102011 Pain, Infant Scale	Λ	უ
Bec skakes Locked: Y			8 9 11	4. U <==
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Pt. Off Unit: N	7	Linen Changed	D DATEY	ج م ر
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ACCIVITY ACCE: 03/12/10		Vitai	ı	
100522 Pediatric Admit Assessment D AVII	SA.	by an RN.		
tatus 03/12/16 1616 his 03/12/16 1616 his		latus 03/12/16 1616 his	(	A = 4
Fall Risk - Pediatric	к: '	Weight, Daily, PEDI C	D DATE	֧֓֞֞֝֞֞֞֞֝֞֞֞֜֞֞֞֞֞֜֞֞֞֞֞֞֞֞֞֞֞֞֞֜֞֞֞֜֞֞֞
catus	7 × 8	- EG SEGIUS	#1.90 C	
		STEE	)	¥ U \i
SATA DESERVATION OF VIEW	Sci	Output	8="90 C	Ü
Use to document the effectivences		atus		A => D
of medications given specifically	(6)	Feed With Assistance	SEXCITAEX C	ტ '
for the control of pain.	, 1	catus		<b>₽</b>
Ask parient to be specific	n ·	550040	7	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
regarding location, severity, and	i uh	550050 Feed Formula Per Family Or Staff	HEO G	
. Fo Status 03/12/16 1616 his 03/12/16 1616 his	A => D	Cattus		A => D
IV Size #1 Check/Care	e C	Physician Rounds	D DAILY	Ů
catus	A => 0	เล้านธ		A => D
Telmetry Monitoring		Clergy Visits	ם מבביצ	
catus 03/12/16 1616 his 03/12/16 1616 his		Ed Status 03/12/16 1616 his 03/12/16 1616 his		A = A
O2 Delivery	ც (	Problem: INJURY, POILNILAE POR The Commission of 1997/16 5696 bits of 1797/16 bits	2.	4 ()
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cus 03/12/16 1616 his 03/12/16 1616 his		catus		A => D
Erader Pediatric Ris		W. E.	Δ	
catus	A => 5	Ed Status 03/12/16 1616 his 03/12/16 1616 his		C <= K
S.C I		Goal: Patient/Family Will Verbaiize	⊃ 03/13/16	
16 1616 his	A +> D	Understanding of Diagnosis and		
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Status		03/14/10 1010 1110	השנואבו עם ח	:
		Status	ù	A => D
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Page: 35 of 35 Printed 10/01/19 at 1352

Willis-Knighton South Nursing \*\*LIVE\*\*
HIMS PRINT ALL NUKSING INFORVACION

HENDERSON

From Sts Directions Attending: Tran, Sharon N.W.D.
Account #: K32120296
Location: 5ES
Room/Bed: K.E5514-1 Problem/Goal/Intervention Description Age/Sex: 4Y 0:1X F Unit #: X00C629604 Admitted: 03/10/16 at 1132 Status: DIS IN

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Change				A => 0		A => U		A => J																		
Documented r Units					03/20/ie		Quit.																			
Commerce		L3			וי		n		yrbe																	
i Time by		CORY		ele his		1616 his		16.6 M1S	Nurse Type	l;	RT	FCNC	RN	[; ]:	RX	22	SS	RAPP	RT	IX.	RAC	RRT	RRT	RNC	ĸ	
Recorded by Date	Time: 1616	PYODLER: RT- WEEDZING AND/OR ALTERED RESPIRATORY PRODLER: RT- WEEDZING AND/OR DEPEND RESPIRATORY PRODLER: RT-NOTION AND REPORTED FOR THE PROPERTY OF THE PROPE		Ed Status 03/12/16 1616 his 03/12/16 1616 his	Goal: RI: Correct or prevent bronchospasm, improve breath sounds.	his 03/12/16 1616 his		nis 03/12/16 1616 nis		E 7.45	NAMER ICNARE, LITH	EVEREST, CATHERINE A	POLLARD, CASSANDRA J	ATHEA ATHEA	MINISTER'S ELIZABETH	FOX, ELAINA ROSE	MORRIS, FREDERICA	JESSICA	RHODES, KATHRAYN ELL	MOCULLOUGH, KARLA	PAN. A	, SORENA	TEUTSCH, SARA DAWN	SANDY I	ARIE	automatic by program
Occurred e Tine	97,	4 x0/Cx4		9:9: 9:/	prevent sounds.	03/12/16 1616 his	RI - Aerosci Therapy	97/7-/50 TOTO UTS	Name	E WW. STITCH	HILL, BRU	EVEREST,	POLLARD,	SYLTH, CYNTHEA	V3-ICC7	FOX, ELA	MCRRIS, E	WATSON, JESSICA	RHODES, R	NCC:::OI	DELINAK, PAN. A	COLBERT, SOREVA	TECTSCH,	FREENAN, SANDY	VANN, VALARIE	automati
Dat	Activity Date: 03/12/16	DVIZEEVT	DEVELOP	.crs 03/12,	RI: Correct or preventants.			İ	Initials	BCROZA.RT	BEHANB.RT	EVEREC.NS	COOKC4.NS	SVCTC12.NS	SN. EIDOIN	FOXE.NS	MORRIF.SS	WATSOJI.NS	FILK. RT	CANIZK.RT	ANDREP.RT	CALHOS.RT	PEARSS1.RT	FREEWS.NS	VAXXV.NS	
Activity Type	Activity	Problem: R	·n	EG Sta	GOR.: R.:	- Ed Status		- Ec Status	Monogram Initials	ABH	BBH	CAE	l)	S	Ä	ERF	FD.	M.	KER	Š	CAS	SC	C)	SLF	Α	E C

	1070	iica co/c	71720	age oo o	Page 4455 OUN	58 // -
	MEDICATION ADMINISTRATION ADMINISTRATION ADMIN PERIOD: 03/12/16-0701 to	RECORD 03/13/16-0	700			SEREP.DP /11/16-2031
RX #	NEDICATION 514	START	STOP	DAY 0701-1500	#Y#NERG 1501-2300	<b>HIGHT</b> 2301-0700
	X***** ROUTINE MEDS	******				
DOSE:	AZITHROMYCIN 100 MG/5 ML 15MLBOT (None) (ZITHROMAX) Tran, Sharon N M.D. (15ML BOT(S)) PO Q24H SCH 65 MG (3.25 ML) GIVE 3.25 ML (65 MG) ONCE A DAY FOR 4 DAYS. (SHAKE WELL!) (STORE AT ROOM TEMPERATURE!)	1300 03/10/16	1301 03/13/16	12000 H 2		
DOSE: DOSE INSTR:	PREDNISOLONE 15 MG/5 ML 5MLUDC (None) (ORAPRED U/D) Tran, Sharon N M.D. (SML UNIT DOSE CUP(S)) PO Q12H SCH 12mg (4 il) (REFRIGERATE!)	0945 03/11/16		ono celle	2100	
	LEVALEUTEROL 1.25 MG/0.5 ML INH.SOLN (None) (XOPENEX 1.25)  Tran, Sharon M M.D. (INHAL SOLN(S)) INH .Q4H SCH 0.63 MG  (USE VIA INHALATION NEBULIZATION CNLY!)	2015 03/11/16		R	J	

9 <b>1GNATUR</b>	INIT.	SIGNAT	TURE	INIT.	SIGNATURE	INIT.	giorature
Barrie Gat	ĸ	Comandra	Polland Pa	લ		:	
MEDICATION ADMINISTRAT WILLIS-KNIGHT 2510 BERT KOUNS IN SHREVEPORT, LOUIS	ON SOUT DUSTRIA TANA 7	H L LOOP	Name: H Phys: 7 Age: 2Y		Med Rec#: K00062 TON N.D. EX: F Wgt: 27 lb 15.		Room/Bed: K.E5514 Adm Date: 03/10/1 Location: 5ES kg Service: PED D.O.B.: 19/01/1

Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 31 of 333 PageID #: 1071

MEDICATION ADMINITURE CON RECORD

ADMIN FERIOD: 03/12/16-0701 to 03/13/16-0700

ADMIN FERIOD: 03/12/16-0701 to 03/

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BGEND: KD kt Deltoid RUO k LD Lt Leltoid LUO L		Quadrant RLT Rt. Quadrant LLT Lt.				And RVG Rt Ventr	*******
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MEDICATION ADMINISTR WILLIS-KNIG 2510 BERT KOUNS : SHREVEPORT, LOU	HTOM SOUTH INDUSTRIAL LA	OP Phys Age:	#: K32120206 :: HENDERSONA :: Tran, Shar 2Y 05M Se tal Status: S	x: F Wgt: 27 lb 15.9		Room/Bed: K.E5 Adm Date: 03/10 Location: 5ES kg Service: PED D.O.B.: 10/01	/16

Allergies: .. see ALLERGY SOURCE DOCUMENT ..

PAGE 2

and the second s	•		TION ADMINI 03/12/16-	TON R		700			MERSP.D: /11/16-3	
RX #	MEDICATION				START	STOP				
Million (1)			wasse PRN M	eds *						
ORD	64 ONDANSETRON 4 MG/2 ML VIAL (2 M (ZOFRAN (EQUIV))  DR: Tran, Sharon N M.D.  SE: 2 MG= (0.5 VIAL(S)) IV : Q4H : 1  TS: PRN NAUSEA, VOMITING				2045 03/10/16	1		·		
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	Pain Scale Assessment		RESPO	NSE / OUTO	OME	PAIN SCALE REASSESSMENT	TIME	INIT
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		أ			<u> </u>	·			1	
ORD DO DOSE INS	65 ACETAMINOPHEN 325 MG/10.15 ML UD (TYLENOL)  DR: Tran, Sharon N M.D.  SE: (UD CUP(S)) PO .Q4H FRN  TR: 180MG (5.62ML)  TS: PRN TEMP >/= 101 DEGREES F. (DO NOT EXCEED 4,000 MG/24HRS1)	C (None	)		2045 03/10/16					
TIME	INDICATION/	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT		RESPO	NSE / QUIC	OME	PAIN SCALE REASSESSMENT	TIME	INIT
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LEGEND: RD Rt Deltoid R	UQ Rt Upp	ner O	uter Quadrant uter Quadrant	RLT At Late	ral I ral I	TV 787 1 1 16 60 60 60		emal Thigh		N BE Abd	d RVG RE	Ventredlu Ventrodlu	
SIGNATURE		INIT.	SIGNATU	TRE	INIT.	g.	ighaturi	ı	INIT.	·	SIGNATURE		INIT.
MEDICATION ADMI WILLIS 2510 BERT K SHREVEPORT	-KNIGHTON COUNS INDUS	TUOE ALRTE	T TOOR	Phys: 1	TENDER TEN, 05M	Sharon N M	.D.	K000629604		.2.7 kg	Room/Bed: Adm Date: Location: Service: D.C.B.:	03/10/16 5#8	
						soc ALLER	r sour	THE DOCUMENTS	<b>.</b>			PAGE	3

Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 33 of 333 PageID #: 1073 Page 1458 of 1758

		in Period		ton RECORD of to 03/13/16-0700		BERSP.1 1/11/16	
RX #	MEDICATION			START STOP			
TIME	indication/ complaint & site	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	response / outcome	Pain scale Reassessment	TIME	INIT
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	and the second of the second o					decementary was	
TIME	indication/ complaint & site	DOSE ROUTE INIT	PAIN SCAUR ASSESSMENT	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT
	ny a distribution and a successive and a						
	en en en en en en en en en en en en en e					<del>*************************************</del>	
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LECEND: RD Rt Deltoid RVO Rt UE ND Lt Deltoid LVO Lt Up	per 0	uter Quadrant RLT uter Quadrant CLT	Rt Lateral " In Lateral "	Thigh wir at Dor Thigh LOT Lt Dor	real Thigh real Thigh				
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				:					
MEDICATION ADMINISTRATIO WILLIS-KNIGHTON 2510 BERT KOUNS INDU SHREVEPORT, LOUISIA	SOUT STRIA	H L LOOP		Sharon H M.D. Sex: Y Hgt: 27	K000629504		Room/Bed: Adm Date: Location: Service: D.O.B.:	03/10/16 5## P#D	
			Allergies:	. see Allerdy Source	E DOCUMENT			PAGE	•

Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 34 of #33348-04-10 #:

HEDICATION ADMINITATION RECORD  ADMIN PERIOD: 03/12/16-0701 to 03/13/16-0700  ROBERSP. DF ROSE 03/11/16-2031  BY MEDICATION  START STOP							
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTS INIT	Pain scale Assessment	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT

GEND:  IF Rt Deltoid ROO Rt D  IF De Deltoid DOO Lt D	pper Oul	rer Quadrant ter Quadrant	RLT Rt Later	al Thi al Thi			e Rt Abd EVG Rt a Lt Abd DVG Lt	Ventrogli Ventrogli	oreal ureal
SIGNATURE	INIT.	SIGNATU		NIT.	BIGHATURE	TXXT.	SIGNATURE		DST:
					· · · · · · · · · · · · · · · · · · ·				
MEDICATION ADMINISTRATI WILLIS-KNIGHTO 2510 BERT KOUNS IND SHREVEPORT, LOUISI	M SOUTH OUSTRIAL	LOOP	Phys: Tr	NDERSC an, Sh 5%	aron M M.D. Sec: P Wgt: 27 lb 1		Adm Date: Location: 12.7 kg Service:		Ĺ
					es ALLERGY SCURCE DO	COMMET		PAGE	<u>.</u> 5

#### Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 35 of 333 PageID #:

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RUN DATE: 03/11/16 RUN TIME: 2145 RUN USER: ROBERSP.DP

Willis Knighton South \*\*ADMISSIONS\*\*
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: L

Rm/Bd: K.E5514 Serv/Locn: PED Unit#: K000629604 Account#: K32120206

DOB: 10/01/13 Age: 2Y 05M

Status: IN Sex: F EPI#: 000000001116206

Interdisciplinary Assessment (Free Text), historical data:	Last Update/ Acknowledgement:
THEGICAL POLITICAL ASSOCIATION OF LAND AND AND AND AND AND AND AND AND AND	
Allergy1-Med/Contact: NKA	03/10/16 - 1338
Allergy2-Med/Contact:	03/10/16 - 1338
Food Allergies-Intol: NKFA	03/10/16 - 1338
Latex Allergy (Y/N):	03/10/16 - 1338

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

03/11/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record

#### Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 36 of 333 PageID #:

RUN DATE: 03/11/16 RUN TIME: 2340 Willis Knighton South \*\*ADMISSIONS\*\*
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

RUN USER: ROBERSP.DP

Name: L

Rm/Bd: K.E5514 Serv/Locn: PED

Unit#: K000629604 Account#: K32120206

DOB: 10/01/13 Age: 2Y 05M

Status: IN Sex: F EPI#: 000000001116206

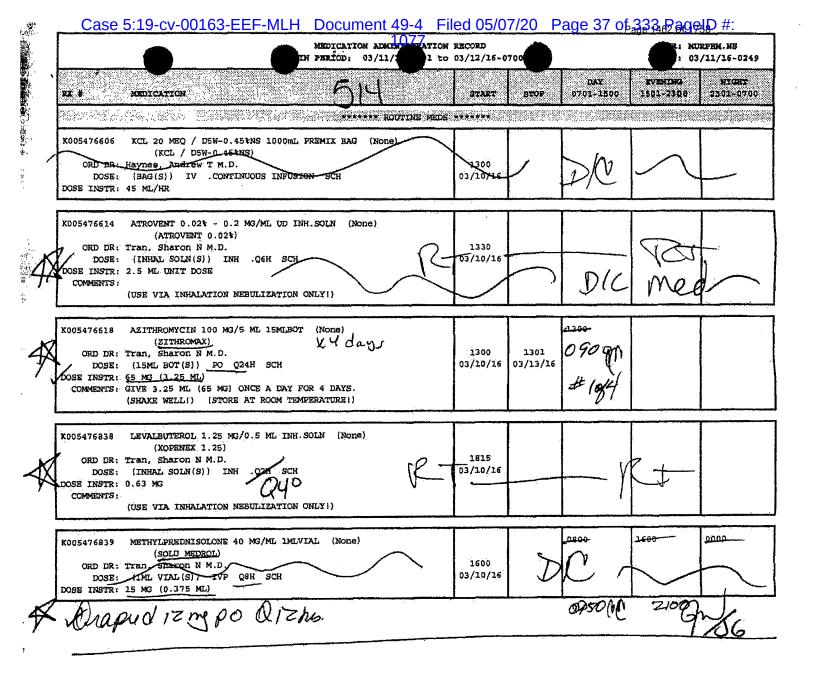
Interdisciplinary Assessment (Free Text), historical data:	Last Update/ Acknowledgement:
Allergy1-Med/Contact: NKA	03/10/16 - 1338
Allergy2-Med/Contact: NKA	03/10/16 - 1338
Food Allergies-Intol: NKFA	03/10/16 - 1338
Latex Allergy (Y/N):	03/10/16 - 1338

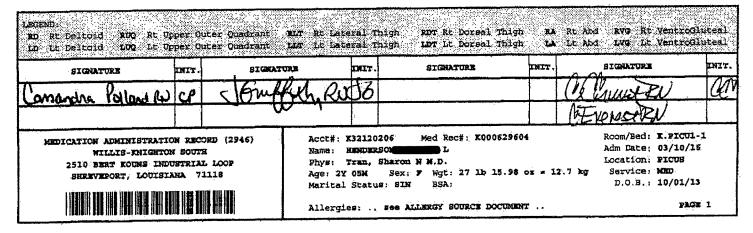
Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

03/11/16

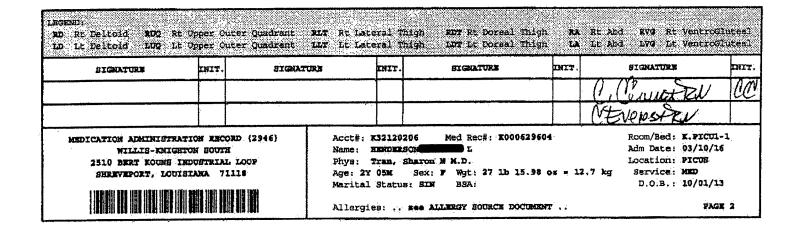
NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record





	1078	}	Pa	ge 1463 of 175	8
	MEDICATION ADMIN	ATION RECORD 1 to 03/12/16-0700			LPHK.NS /11/16-0249
I # MEDICATION		START STOP	DAY 0701-1500	EVENING ESO1-2300	WIGHT 2301-0700
,					
	****** IN:				
005476837 MAGNESIUM SULFATE 50% 500 MG/ML (MAGNESIUM SULFATE 50%)	10MLVIAL (650 MG)		1200		
IN: D5W 25 M BAG (25 ML)  OAD DR: Tipe, Sharon N M.D.		1800 1215			in the second se
RATE 105.2 MLS/HR DUR COMMENTS PLEASE REFRIGERATE UNTIL READY	PREQ: Q6H	03/10/16 03/11/1	•		
			1		. , , <del>, , , , , , , , , , , , , , , , ,</del>
05476841 CEFTRIAXONE 1 GM VIAL (0.6 GM) (ROCEPHIN)			1200		
IN: DEW 50 ML BAG (50 ML) (D5W)	\ /		DIC	1	$\overline{}$
	1 FREQ: 024H	1200 03/10/16			
COMMENTS: ** PLEASE REFRIGERATE UNTIL READY	TO USE **				
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1	Case 5:19-cv-00163-EEF-MLH Do	cument 49-4	Filed 05/07/20	Page 39 of 333 Rage D #:
		ICATION ADMINISTRA	ION RECORD to 03/12/16-0700	R: MORPEM. NS I: 03/11/16-0249
`	PI & MEDICATION		START STOP	DAY XVENING NIGHT 0701+1500 1501-2300 2201-0700
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Rt Deltoid 200 R		Quadrant <b>ELT</b> Rt Quadrant <b>LLT</b> Lt			25 2 M 1990设备 1 、 27 90设在 1 2 。	Abd RVG Rt Vent Abd LVG Lt Vent	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
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WILLIE-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SEREVEPORT, LOUISIANA 71118



Name: HENDERSON

Phys: Tran, Sharon N M.D. Age: 2Y 05M Sex: 7 Wgt: 27 lb 15.98 oz = 12.7 kg
Marital Status: BIN BSA:

Allergies: .. see ALLERGY SOURCE DOCUMENT ...

Adm Date: 03/10/15 Location: PICUS

Service: MED D.O.B.: 10/01/13

PAGE 3

		1080			Page 1465 of 17	58	
		rion admin : 03/11/:	1 to 03/12/16-0	700	: 140	RPHM.H8 /11/16-	
I # MEGICATION			START	STOF			
		***** PRN M	EDS ******				
(205476964 ONDANSETRON 4 MG/2 ML VIAL (3 (205RAN (EQUIV))  ORD DR: Tran, Sharon N M.D.  DOSE: 2 MG= (0.5 VIAL(S)) IV .Q41  COMMENTS: PRN NAUSEA, VOMITING			2045 03/10/16				
INDICATION/ TIME COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPO	NSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT
						Ì	
(TYLENOL) ORD DR: Tran, Sharon N M.D. DOSS: (UD CUP(S)) PO .Q4H PRN DOSS INSTR; 180MG (5.62ML) COMMENTS: PRN TEMP >/= 101 DEGREES F. (DO NOT EXCEED 4,000 MG/24HRS!			2045 03/10/16				
INDICATION/ TIME COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPO	onse / outcome	PAIN SCALE REASSESSMENT	TIME	INI
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MEND:	t Oppex Guter	Quadrant <b>sir</b> at I	ateral Thigh	n RDT Rt Dorsel T		Abd EVG Rt Ventroo	
D Et Deltoid LUG I	init.	SIGNATURE	INIT.	SIGNATURE	DRIT.	SIGNATURE	ĖNI
epin Utille Pr	MM			mi waten Re De ssica Wats			
MEDICATION ADMINISTR WILLIS-ENTO 2510 BEST KOUNS SHREVEPORT, LOU	enton south Industrial Lo	OP Physics Age:	: K32120206 : HENDERSON, : Tran, Shan	Med Rec#: K0006 rom W.M.D. ex: F Wgt: 27 lb 15	29604	Room/Bed: K.FICU Adm Date: 03/10/ Location: FICUS Service: MED D.O.B.: 10/01/	16
		Alle	rgies: ###	ALLERGY SOURCE DOC	COUNTY	PM	JE 4

Ca	se 5:19-cv-0016	<u> 33-Е</u>	EF-MLH	Docu	<u>ıment 4</u>	49-4	1 Filed 05/0	7/ <u>2</u> 0 Pa	age -	<b>41 of</b>	.333 <sub>.</sub> Ra	geID#:	
				MEDICA	TION ADMI 0: 03/11/	108	TION RECORD 1 to 03/12/16-0					MURPHM.N 03/11/16	8
RX #	MEDICATION						START	STOP					
17/2/2000/0				<u> </u>	*****	PPN 1							
	966 ACETAMINOPHEN :	************			o or a second second second second second second second second second second second second second second second	-		,		<del></del>			
	(TYLENOL)  DR: Tran, Sharon N ( OSE: (SUFF(S)) R		יש מומול				2300 03/10/16	1/1		ot <del>ioi</del> ssis			-
DOSE IN	STR: 180MG NTS: PRN TEMP >/= 10:				·			114					
	INDICATIO			DOSE ROUTE	PAIN SC	ALE		<u> </u>	<u> Industria, in chillipsyland</u>		PAIN SCAL	s.	
TIME	COMPLAINT			INIT	ASSESSM		RESPO	NSE / OUTCO	ME	1	REASSESSMER	l l	INIT
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TIME	INDICATIO			ROUTE	PAIN SCI ASSESSM		RESPO	NSE / OUTCO	OME		Pain scali Leassessmen		INIT
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			uter Quadran					real Thigh real Thigh		Rt Al	NAMES OF STREET, ASSOCIATION OF	Rt VentroG Lt VentroG	
ED Lt	Deltaid LOQ Lt Up	INIT.	aconstruite statements	t ilt Nature		MIT.	SIGNATUR		INIT.		BIGNATUI		INIT.
	SIGNATURE	INIT.	910							<del></del>		<del></del>	

Room/Bed: K.PICU1-1 Acct#: X32120206 Med Rec#: K000629604 MEDICATION ADMINISTRATION RECORD (2946): Adm Date: 03/10/16 Name: HENDERSON L WILLIS-RWIGHTON SOUTH Phys: Tran, Sharon N M.D. Location: PICUS 2510 BERT KOUNS INDUSTRIAL LOOP Age: 2Y 05M Sex: F Wgt: 27 lb 15,98 ox = 12.7 kg Service: NED SHREVEFORT, LOUISIANA 71118 D.O.B.: 10/01/13 Marital Status: SIN BSA: Allergies: .. wee ALLERGY SOURCE DOCUMENT .. PAGE 5

## Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 42 of 333 PageID #:

(max		eligostructorios in the company			Page 1467 of 17	20	
			TION ADMINI : 03/11/1	1 to 03/12/16-0700		RPHM. MS /11/16-	
R2 #	MEDICATION			START STOP			
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT
						<u> </u>	
	•						
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	response / outcome	PAIN SCALE REASSESSMENT	TIME	INIT

	L I	SIGNATU	LLT Lt Late	IMIT.	SIGNATURE	INIT.	SIGNATURE	LN.
BIGNATURE	DAIT.	9.4.4.0	***					_
								_
EDICATION ADMINIST	FRATION RECORD	(2946)	Acct#: K	3212020	6 Med Rec#: K0006296	04	Room/Bed: E.FICT	
	CRTON SOUTH	ļ	Name: H		OK.		Adm Date: 03/10/	16

Allergies: .. see ALLERGY SOURCE DOCUMENT ..

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#### Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 43 of 33 3 4 ខ ag ស្គ្រា #:

RUN DATE: 0 RUN TIME: 2145 is Knighton S

\*\*ADMISSION

PAGE 1

RUN USER: ROBERSP.DP

INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

Name: HENDERSON L DOB: 10/01/13

Age: 2Y 05M

Rm/Bd: K.PICUl

Serv/Locn: MED

Status: IN

Sex: F

Unit#: K000629604

Account#: K32120206

EPI#: 000000001116206

Last Update/ Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergyl-Med/Contact:

03/10/16 - 1338

NKA

;:·

Allergy2-Med/Contact:

03/10/16 - 1338

Food Allergies-Intol: NKFA

03/10/16 - 1338

Latex Allergy (Y/N):

03/10/16 - 1338

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

03/10/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Page 1469 of 1758

RUN DATE: 03/10/16 RUN TIME: 1316 RUN USER: FOXE.NS Willis Knighton South \*\*ADMISSIONS\*\*
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: K.E5502

Unit#: K000629604

L L

Serv/Locn: PED

Account#: K32120206

DOB: 10/01/13

Age: 2Y 05M

Status: IN Sex: F

EPI#: 00000001116206

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:
NKDA

Allergy2-Med/Contact:
NKDA

Food Allergies-Intol:
NONE

Latex Allergy (Y/N):

Latex Allergy (Y/N):

Latex Allergy (Y/N):

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

03/10/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Page 1470 of 1758

RUN DATE: 03 RUN TIME: 0709

RUN USER: BELLE.AM

lis Knighton th \*ADMISSIONS INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Unit#: X000629604

**建筑地位于 建产建筑公 产品的** 

L Name: ( Rm/Bd:

Serv/Locn: ERS Account#: K32120206 DOB: 10/01/13 Age: 2Y 05M Sex: F Status: ER EPI#: 000000001116206

Interdisciplinary Assessment (Free Text), historical data:	Last Update/ Acknowledgement:
Allergyl-Med/Contact:	11/03/15 - 1358
Allergy2-Med/Contact: NKDA	11/03/15 - 1358
Food Allergies-Intol:	11/03/15 - 1358
Latex Allergy (Y/N):	11/03/15 - 1358

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

11/05/15

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

## Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 46 of 3333 Page #:

RUN DATE: 03/16 RUN TIME: 0709 INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

RUN USER: BELLE.AM

lame: YAH L

YAH L

DOB: 10/01/13

Age: 2Y 05M

Rm/Bd:

Serv/Locn: ERS

Status: ER

Sex: F

Unit#: K000629604

Account#: K32120206

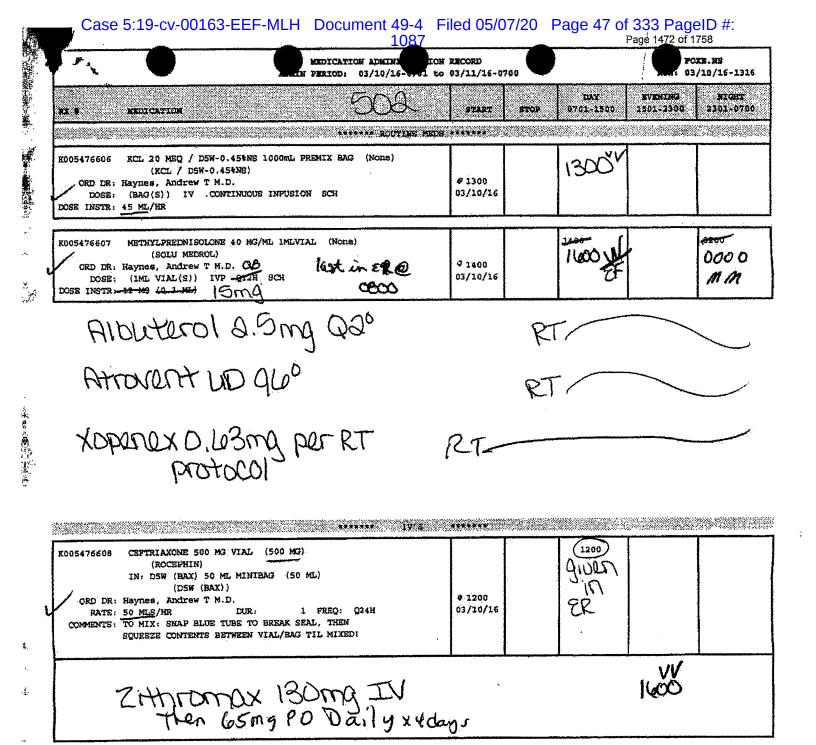
EPI#: 00000001116206

Interdisciplinary Assessment (Free Text), historical data:	Last Update/ Acknowledgement:
Allergyl-Med/Contact:	11/03/15 - 1358
Allergy2-Med/Contact:	11/03/15 - 1358
Food Allergies-Intol: NONE	11/03/15 - 1358
Latex Allergy (Y/N):	11/03/15 - 1358

Pharmacy Allergy List (Coded Allergies), historical data:
 (Duplicate names represent coding within (3) categories:
 Ingredient, Generic and Class allergy codes.)

11/05/15

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY



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MEDICATION ADMINISTRATION RECORD (2946) WILLIS-ENIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118		roa N N.D. lex: F Wgt: 27 lb 15.\$		Room/Bed: E.E530: Adm Date: 93/10/: Location: 5ES g Service: PED D.O.B.: 10/01/:	LE
	Allergies: #	ALLERGY SOURCE DOCUM	KNT .,	73.	3E 3









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#### Medication Administration Record DATE STARTED: \_

ADMINISTER PERIOD: 7:00 AM to 6:59 AM

\*\*\*\*\* PRN meds \* \* \* \* \*

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	MEDICATION						START	ST	OP
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INITIAL	PAIN SCALE	RESPON	ISE/OUTCOME		PAIN SCALE REASSESS	TIME	Initials
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MA563 \_ 1 Revised 08/05/2013 Committee Approved 12/13/2013 Page 1 of 1



10/01/2013 Sharon Tran 002Y 05M

### Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 50 of 333 PageID #:

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RUN DATE: 03/10/16 RUN TIME: 1316 RUN USER: FOXE.NS

Willis Knighton South \*\*ADMISSIONS\* INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT PAGE 1

Name:

L

Serv/Locn: PED

DOB: 10/01/13

Age: 2Y 05M

Rm/Bd: K.E5502

Status: IN

Sex: F

Unit#: K000629604

Account#: K32120206

EPI#: 00000001116206

Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergyl-Med/Contact:

11/03/15 - 1358

Last Update/

NKDA

Allergy2-Med/Contact:

11/03/15 - 1358

NKDA

Food Allergies-Intol:

11/03/15 - 1358

NONE

Latex Allergy (Y/N):

11/03/15 - 1358

N

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: 03/10/16

Ingredient, Generic and Class allergy codes.)

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

### Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 51 of 333 PageID #:

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RUN DATE: 0

is Knighton S \*\*ADMISSIO INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

RUN TIME: 2340 RUN USER: ROBERSP.DP

Unit#: K000629604

Name: Rm/Bd: K.PICU1

Serv/Locn: MED Account#: K32120206 DOB: 10/01/13

Age: 2Y 05M

Status: IN

Sex: F

EPI#: 00000001116206

Interdisciplinary Assessment (Free Text), historical data:	Last Update/ Acknowledgement:
Allergy1-Med/Contact:	03/10/16 - 1338
Allergy2-Med/Contact:	03/10/16 - 1338
Food Allergies-Intol:	03/10/16 - 1338
Latex Allergy (Y/N):	03/10/16 - 1338

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

03/10/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

## Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 52 of 333 PageID #:

RUN DATE: 03/14/16 RUN TIME: 1423 is Knighton 5. h \*ADMISSIONS
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

RUN USER: WASHBG.AM

Name: (MANUAL MANUAL L

DOB: 10/01/13

Age: 2Y 05M

Rm/Bd: K.E5514 Unit#: K000629604 Serv/Locn: PED Account#: K32120206

Status: IN Sex: F EPI#: 000000001116206

Interdisciplinary Assessment (Free Text), historical data:	Last <b>Update/</b> <u>Acknowledgement:</u>
Allergyl-Med/Contact:	03/10/16 - 1338
Allergy2-Med/Contact:	03/10/16 - 1338
Food Allergies-Intol: NKFA	03/10/16 - 1338
Latex Allergy (Y/N):	03/10/16 - 1338

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories:

03/11/16

Ingredient, Generic and Class allergy codes.)

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

### Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 53 of 333 PageID #:

Page 1478 of 1758

RUN DATE: 03/11/16 RUN TIME: 1423

DE LA

Willis Knighton South \*ADMISSIONS\* INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT PAGE 1

RUN USER: WASHEG.AM

Unit#: K000629604

Name: Example L Rm/Bd: K.E5514 Serv/I

Serv/Locn: PED Account#: K32120206 DOB: 10/01/13 Age: 2Y 05M

Status: IN Sex: F EPI#: 000000001116206

Interdisciplinary Assessment (Free Text), historical data:	Last Update/ Acknowledgement:
Allergyl-Med/Contact: NKA	03/10/16 - 1338
Allergy2-Med/Contact: NKA	03/10/16 - 1338
Food Allergies-Intol: NKFA	03/10/16 - 1338
Latex Allergy (Y/N):	03/10/16 - 1338

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

03/11/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Page 1479 of 1758

03/10/16

RUN DATE: 03 RUN TIME: 1154

llis Knighton Sath \*ADMISSIONS INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT PAGE 1

RUN USER: BELLE.AM

Name: HENDERSON Rm/Bd: K.E5509

**Unit#:** K000629604

L

Serv/Locn: PED

Account#: K32120206

DOB: 10/01/13

Age: 2Y 05M Sex: F

Status: IN BPI#: 00000001116206

Interdisciplinary Assessment (Free Text), historical data:	Last Update/ Acknowledgement:
Allergy1-Med/Contact:	11/03/15 - 1358
NKDA Allergy2-Med/Contact: NKDA	11/03/15 - 1358
Food Allergies-Intol:	11/03/15 - 1358
Latex Allergy (Y/N):	11/03/15 - 1358

Pharmacy Allergy List (Coded Allergies), historical data:

(Duplicate names represent coding within (3) categories:

Ingredient, Generic and Class allergy codes.)

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Page 1480 of 1758

RUN DATE: 03 RUN TIME: 1154

1.14

th \*ADMISSIONS lis Knighton S INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

RUN USER: BELLE.AM

Unit#: K000629604

L Name: Rm/Bd: K.E5509

Serv/Locn: PED Account#: K32120206 DOB: 10/01/13 Age: 2Y 05M Sex: F Status: IN EPI#: 00000001116206

Interdisciplinary Assessment (Free Text), historical data:	Last Update/ Acknowledgement:
Allergyl-Med/Contact: NKDA	11/03/15 - 1358
Allergy2-Med/Contact: NKDA	11/03/15 - 1358
Food Allergies-Intol:	11/03/15 - 1358
Latex Allergy (Y/N):	11/03/15 - 1358

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

03/10/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

## Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 56 of 333 PageID #: 1096 Page 1481 of 1758

RUN DATE: 03/10/16 Willis-Knighton South Nursing \*\*LIVE\*\* PAGE 1
RUN TIME: 1349 Home Medications NOT An Order
RUN USER: 0

Home Medications NOT An Order
For Information/Comparison Only

ALBUTEROL

NOT AN ORDER

Name: (22120206

Acct#: K32120206 Room/Bed: K.E5502-1

DOB: 10/01/13 Age: 2Y 05M Sex: F Weight: 27









Date: 3-11-2016

Richmond Agitation – Sedation Scale

+4 COMBATIVE: Immediate danger to staff, violent
+3 VERY AGITATED: pulls on/removes catheters or tubes; aggressive towards staff
+2 AGITATED: frequent non-purposeful movement or patient/ventilator dyssynchrony
+1 RESTLESS: anxious or apprehensive but movements not aggressive or vigorous
0 ALERT AND CALM
-1 DROWSY: not fully alert, sustains >10 seconds awakening, with eye contact, to voice
-2 LIGHT SEDATION: briefly, <10 seconds, awakens with eye contact to voice
-3 MODERATE SEDATION: any movement (but no eye contact) to voice
-4 DEEP SEDATION: no response to voice, but any movement to physical stimulation
-5 UNAROUSABLE: no response to voice or physical stimulation

PERIPHERAL PULSE: 1 plus 2 plus

PAIN SCALE:

D = DOPPLER (0-4) CHILD

(1-10) ADULT O = ABSENT

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Printed: 03/11/2016

10/01/2013 Sharon Tran 002Y 05M

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Richmond Agitation - Sedation Scale



PM VITAL SIGNS Critical Care Record



Date: 3-11-2016

PERIPHERAL PULSE: 1 plus 2 plus

PAIN SCALE:

D = DOPPLER

(0-4) CHILD

O = ABSENT

(1-10) ADULT

Richmond Agitation – Sedation Scale

+4 COMBATIVE: immediate danger to staff, violent

+3 VERY AGITATED: pulse on/renoves catheters or tubes; aggressive towards staff

+2 AGITATED: frequent non-purposeful movement or patient/ventilator dyssynchrony

+1 RESTLESS: anxious or apprehensive but movements not aggressive or vigorous

0 ALERT AND CALM

-1 DROWSY: not fully alert, sustains >10 seconds awakening, with eye contact, to voice

-2 LIGHT SEDATION: briefly, <10 seconds, awakens with eye contact to voice

-3 MODERATE SEDATION: any movement (but no eye contact) to voice

-4 DEEP SEDATION: no response to voice, but any movement to physical stimulation

-5 UNAROUSABLE: no response to voice or physical stimulation

TIME	7	PM			8P	М		9	M			10F	M		11	P	Ŋ	$\bot$	1	2A	M	1	1	A	<u> </u>		2/	M		,	3A	M	1		1AN	۷ı,	1	- 5	AN	1	<u> </u>	6A	<u></u>
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# INTAKE & OUTPUT Critical Care Record

Date: 3-11-2016

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#### STANDARDS OF CARE CHECKLIST

Critical Care Record

Date: 3-11-2016

LEGEND: Initial = Yes R = Refused Blank = Not Implemented 7a 8a 9a 10a 11a 12p 1p 2p 3p 4p 5p 6p 7p 8p 9p 10p 11p 12a 1a 2a 3a 4a 5a 6a HYGIENE (every day / PRN) ORAL CARE EYE CARE FOLEY CARE LINEN CHANGED BATH (chlorhexidine gluconate/other) MOVEMENT ROM (every 2 hr) TURNED (every 2 hr) DANGLE (as ordered / PRN OOB (as ordered/ PRN) AMBULATED (as ordered / PRN) TREATMENT SKIN RISK ASSESSMENT (every 4 hr) DRESSING-LIST: RESPIRATORY TCDB/INSPIROMETER (IS per Rx) SUCTIONED (PRN) ET/TRACH CARE (every shift) GI NG Tube PLACEMENT (every shift) DIET (Amount Eaten-1/4, 1/2, 3/4, All) EQUIPMENT (Upon Initiation and Every 1 hr) FEEDING PUMP WARMING / COOLING UNIT TED HOSE SCDS FALL PRECAUTIONS (every 12 hours) - (If fall scale indicates high risk) FALL ALARMS YELLOW WRISTBAND IV SITE CHECK (every 2 hr) IV TUBING CHANGED IV DSG CHANGED PRESSURE SETUP CHANGED LEVELED & SQUARE WAVE TEST (every shift & PRN) ZEROED (PRN) SIGNATURE/PRINTED NAME initial Initial SIGNATURE/PRINTED NAME initial SIGNATURE/PRINTED NAME

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AS603\_1 Revised 09/14/2015 Page 1 of 2 の

**海点题然里食心事** 

#### STANDARDS OF CARE CHECKLIST

Date: 3-11-2016

Critical Care Record

Blank = Not implemented

R = Refused Legend: Initial = Yes 8p 9p 10p 11p 12a 1a 2al 3a 4a 5a 6a 70 9a 10a 11a 12p 1p 4p 5p 6p 7a 2p 3p SAFETY (every 1 hour) PATIENT ALARMS ON & AUDIBLE BED GROUNDED/LOW POSITION SIDE RAIL UP CALL LIGHT IN REACH HOB POSITION degrees ISOLATION CONTACT DROPLET AIRBORNE - Negative Pressure confirmed every shift ALARM LIMITS (Numeric value every 12 hours and if changed) **EKG HIGH** 40 **EKG LOW** SYSTOLIC BP HIGH SYSTOLIC BP LOW MAP HIGH MAP LOW DIASTOLIC BP HIGH DIASTOLIC BP LOW **02 SAT LOW** IABP Augmentation HOUDINI Step One - (Assess for qualifying criteria for indwelling urinary catheter now and every shift) Hematuria, gross Obstruction, urinary Urologic surgery, genitourinary surgery, peri-rectal surgery, urinary catheter placed by urologist, chronic indwelling urinary catheter on admission (present greater than 30 Decubitus ulcer - open sacral or perineal wounds for incontinent Intake & Output monitoring – accurate measurement of urine output for critically ill patients deemed hemodynamicalliy unstable, for patients unable to reliably collect urine for strict measurements, for patients receiving large volumes of fluid an/or diuretics No code - comfort care, hospice care, or palliative care immobility – physical immobilization required (e.g.spine instability, multiple traumatic injuries, pelvic fracture) SIGNATURE/PRINTED NAME Initial Initial SIGNATURE/PRINTED NAME SIGNATURE/PRINTED NAME initial

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WILLS-KNIGHTON HEALTH SYSTEM



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					CF	RITICAL	CARE RE	CORD			Date: 3-11-2	016
TIME	NUR	SING	GOALS FOR	THE DAY		PLANN	ED NURSIN	G INTERV	ENTIONS		EVALUATIO	N
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5)							Arterial F		IOOUG WEE	ADD A A	e pheavno	WN
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	☑Pink □Pale		☐ Hot	□ Mg			Ernomiai □ Loose		Pale	<del>-</del> -(	Present	
	□ Cyano	otic	☐ Cool		•		☐ Tight		Cyanotic		Location	
	□Jauno	lice	☐ Cold				Shiny	U.	Jaundice		Describe	
	□Flush	ed ————									Current Braden -2	2
CARDIAC 1				2. NECK V			EART FONE			IUPMUF		
•			han 3 sec	Sec ☐ Sup			Regular Integular	1351 1352		]Systolic ZDiastoli		
	<u> </u>	ieu di	reater than 3	sec ☐ Sup ☐ Dist			Muffled		7		Describe	
		-	E	☐ 45 E			Gallop	□\$4	7			
	Monitor		SMAN		-		Clear ASSESSM	Rub	. COUGH		7. CHEST	TUBE
RESPIRATO			3. STATUS	4.		NOON RIGHT	Mecaesh v	milit i	. COOUN Absent	•	☐ Fluc	tuates
Symm			No distr	'ess	F		Wheeze		Produc	tive	☐ Clar	pped
☐ Asymr	netrical		☐ Labore	<del>d</del>		H	Rhonchi Rales		Non-P			eak
2. AIRWAY	IEIT		☐ Access				Diminished	€	S. SPUTUM Color	/	TYPE_ Suction	<del></del>
□Trac	ch		_		JET -	.8	Clear		Consiste	ncy	Color_	
	al / Oral /		·	<del> </del>							GU G	DOW :
GASTROIN	TESTINA	L	BOWEL SOL	INITIC	3 NG	TUBE /	4: DBA	NAGE .			L'VOIDING COntinent	Incontinent
1. ABDOME	E14	<b>2.</b> [	Present	NADQ.		Nare	Colo				Catheter - Da	te inserted:
☐ Firm			☐ Absent			. Nare		racter				<u> </u>
Hard	,		☐ Hypoactive ☐ Hyperactive			Clamped Tube Feed	ina 🗆 🗒	mesis lausea			Securement d	
☐ Tender ☐ Non-te		L	- i i i hoi ava	· <del>· ·</del>	Ŭġ	fuction					2. URINE A	<b>SHULL</b>
Distended	1			suction type:	<u>L _</u>		HCons		ter)		Character	
	Protocol	order	ed? Yes 🗌	No 🗆			rdered, doc			Care c	16CKIIST	
EYES		BEST	VERBAL B	ESPONSE		PMOTOR	RESPONS	E.	PUPILS LEFT BIGI	<del>I</del> T	LIMB MOVEM	= Normal
Spontane	ously (4)		lented (5) Infused (4)	. John Mark		urposeful i	nanus (o) novement to	Pain (5)	57 B	ZSize	W IUF B	= Slight Weak
☐ To Speed		∐ (ne	intused (4) (p appropriate V	/ord (3)	□ W	ithdrawal	to Pain (4)		上	_ Reacti	on D/ Die C	= Severe Weak
None (1)		☐ Inc	comprehensit	ole Sounds (2		exion to P			Brisk Slugg	ish/Fixe	1 ~ A	= None
		□ No	ne (1)			o Respon:					·	
EYES	 ** \	VERB.	AL 5	+ MOTO		Q =		TOTAL GL	ASCOW C	OMA SC	ALE (GCS)	
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## PM ASSESSMENT CRITICAL CARE RECORD

Date: 3-11-2016

TIME	l ∏se	SING GOALS FOR THI e Clinical Guidelines teaching documented		1	NEC	NURSING I	NTERV	ENTIONS	EVALUATION
		NA METRA	·						
DISCHARGI	E PLANN	ING NEEDS					·V Trabelo		
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May Central	Venous	Catheter be removed	Y or					y Catheter be remo	
PERIPHER!	AL SITE			START DA	TE	CENTRAL S		R START DATE	L START DATE
1)	·			<del></del>		Internal Jugi	ular	ļ	· · · · · · · · · · · · · · · · · · ·
2)	······································			<del>,</del>	-	Subclavian			
3)						Femoral		,	
4)					_	Arterial Radi			
5)						Arterial Fem			
SKIN 1	COLOR Pink Pale Cyand Jaund	☐ Hot ☐ Warm otic ☐ Cool ice ☐ Cold	3. CHARA			IRGOR Normal Loose Tight Shiny		JCOUS MEMBRANI Pink Pale Cyanotic Jaundice	6. BREAKDOWN  Absent Present Location Describe Current Braden
CARDIAC 1	☐ Brisk	ARY REFILL 2. less than 3 sec jish greater than 3 sec	NECK VE     Flat     Supin     Dister     45 De	e nded		RT TONES legular regular fuffled allop lear	□ Abs □ S1 □ S2 □ S3 □ S4 □ Rub	□Systolic □Dlastol	☐ Present
RESPIRATO  1. CHEST E  Symm Asymm 2. AIRWAY  Oral Trace	ORY EXCURSION Detrical Detrical	☐ No distress ☐ Labored ☐ Access Mus ☐ Ventilated	cles	REATH SOL	HT V F	ASSESSMEN Wheeze Rhonchi Rales Diminished Clear		S. COUGH  Absent Productive Non-Productiv S. SPUTUM Color Consistency	TYPESuction
GASTROME  1. ABDOME  Soft  Firm  Hard  Tender  Non-te  Distended	TESTINAI N	2. BOWEL SOUNDS  Present Absent Hypoactive Hyperactive	on type:		d eding	Constan	eter esis esea t in	ter)	GU 1-VOIDING
Is Houdini I			No 🗆					Standard of Care c	
EYES Spontane To Speed To Pain (2 None (1)	ously (4) th (3) 2)	BEST VERBAL RESP Oriented (5) Confused (4) Inappropriate Word Incomprehensible S None (1)	(3) ounds (2)	☐ Withdraw ☐ Flexion to ☐ Extensio ☐ No Resp	mma ul mo val to o Pair n to F onse	nds (6) overnent to Pa Pain (4) n (3) Pain (2) (1)	ain (5)	PUPILS LEFT RIGHT Size Reacti (Brisk/Sluggish/Fixed	d) LLE D = None
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Confusion A	Asses8mi	ent Method (CAM) ~ IC Unable to assess	I						TIME:

Printed: 03/11/2016

AS605 \_1 Revised 09/14/2015 Committee Approved 09/22/2015 Page 1 of 1



10/01/2013 Sharon Tran 002Y 05M

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DATE: 3-11-2016

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Willis-Knighte HEALTH SYSTEM



#### **AM VITAL SIGNS**

Date: 3-10-2016

Critical Care Record Richmond Agitation - Sedation Scale

Richmond Agittmon – Sedation Scale

Critical Care Record

44 COMBATIVE immediate danger to staff, violent

43 VERY AGITATED: pulls on/removes catheters or tubes; aggressive towards staff

42 AGITATED: frequent non-purposeful movement or patient/ventilator dyssynchrony

41 RESTLESS: anxious or apprehensive but movements not aggressive or vigorous

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41 DROWSY: not fully alert, sustains >10 seconds awakening, with eye contact, to voice

42 LIGHT SEDATION: briefly, <10 seconds, awakens with eye contact to voice

43 MODERATE SEDATION: any movement (but no eye contact) to voice

44 DEEP SEDATION: no response to voice, but any movement to physical stimulation

65 UNAROUSA: 1 E: no response to voice or physical stimulation

PERIPHERAL PULSE: 1 plus 2 plus

PAIN SCALE:

(0-4) CHILD D = DOPPLER (1-10) ADULT O = ABSENT

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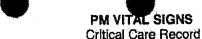
AS599 Rev C1/11

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10/01/2013 Sharon Tran



Richmond Agitation - Sedation Scale





Date: 3-10-2016

PERIPHERAL PULSE: 1 plus 2 plus

PAIN SCALE:

D = DOPPLER

(0-4) CHILD

O = ABSENT

(1-10) ADULT

Richmond Agitation — Sedation Scale

44 COMBATIVE: immediate danger to staff, violent
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5 UNAROUSABLE: no response to voice or physical stimulation

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# INTAKE & OUTPUT Critical Care Record

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Page 1494 of 1758 RESPIRATORY LABORATORY Date: 3-10-2016 WILLIS-KNIGHTON HEALTH SYSTEM Critical Care Record RESPIRATORY TIME 1800 1835 1900 2000 2100 0200 0400 10cpm 101 LMIN Vapollar APPARATUS Vapolham VENT 150% 501, 4407. 4381. 4 351. 607 少りつつ FiO2 MODE RATE TV PEEP/E P.S./IPAD ABG pl/ **PC**O2 **PQ2** BE HCO<sub>3</sub> TCO2 981. 98/1 100 T. 100% 100% **PULSE OX** 100 LABORATORY TIME PLAT C WBC HGB/HO Ca/Ph: GLÙ K+ NA+ CL-CO2 BUNYOR AT MG## PT/INR PTT Ionized Calcium MYOGLOBIN TROPON'N-I ACT MM INIT SIGNATURE

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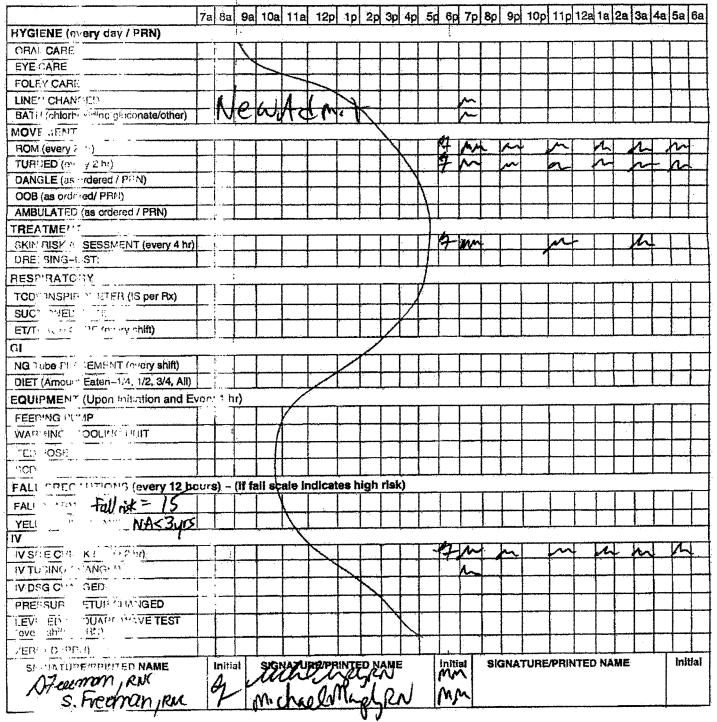


#### STANDARDS OF CARE CHECKLIST

Critical Care Record

Date: 3-10-2016

LEGEND: Initial = Yes R = Refused Blank = Not implemented



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# STANDARDS OF CARE CHECKLIST Critical Care Record

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.PM ASSESSMENT CRITICAL CARE RECORD

Date: 3-10-2016

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3)	.,,				Femoral		
4)					Arterial Radial		
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3.00	al / Oral A		erm 104		or	Consistency	Color
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Non-ter Distanded		cm girth (s	uction type:_	_L_M_H	Constant in	ter)	Color Character
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AS605 \_1 Revised 09/14/2015 Committee Approved 09/22/2015 Page 1 of 1



10/01/2013 Sharon Tran

K32120206 03/10/2016 K.PICU1 1

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MUSS HELL

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DATE: 3-10-2016

<b>_D</b> AŤ (E	NURSES NOTES
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	CRPCx month placek. Criting steadily, Resp. elightly tachypness.
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0000	Solumehol 15 pg IV given - William
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A Fr









DATE: 3-10-2016

DATE/TIME	NURSES NOTES
0300	Mag sulfate 650 mg I.V. inturn, Over 15 minutesper pup MylyRe
0400	Resolvent abelied giving acrord (+x - WC FU
0530	NURSES NOTES  Mag sulfate 650 ms I.V. infurn, Drer 15 minuterper pup Myllar  Pleso Henry abelrice siving across (tx _ JRC PV  Phlebotomist here to Joan lab 0e off. 075at 989. on
	110
0645	SOAR to oncoming shift - MOSPEN
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# **Nursing Care Plan**

Plan of Care Bronchitis

Related Health Problems: SOB Status assumutivus

		•	*:
Discharge Criteria/Goals:	Met (Date & Sign)	Compensation/Response	
Will have no signs/Sx of bronchitis     Will return to normal ADL     No further SOB	2 most 14 3/11/10	M. rent Park	
Teaching Needs/Goals:	JED ,	od coll	
Medication side effects/rationale/dosage     When to seek medication assistance     Recognize signs/symptoms of bronchitis	1. 2. 3. Jane	ZW 2	

# (Actual, Potential, Resolved)

A/P/R (date & sign)	Nursing Diagnosis	Nursing Interventions	Charting/ Evaluation Frequency	Goals	Target Date
Alleran)	Ineffective gas exchange related to disease process	Monitor VS/O2 SAT Sputum texture Lab values Respiratory treatment Notify MD prn Administer meds O2	q 4 fir prin q day prin prin prin	Adequate ventilation	3/15/16 10/Pu
3/0/1/	Ineffective airway clearance related to ineffective coughing	Encourage coughing, turning, deep breathing Encourage incentive Spirometer use Adequate hydration Administer meds	q 2 hr pm q 2 hr prn prn	Adequate clearance of sputum from airways	3/15/16 unggan
3/10/16 pen	Activity intolerance related to Udisease process	Bedrest/up c/assist Monitor for fatigue Encourage nutrition Administer meds prn	prn prn pm pm	Assist until able to return to ADL	3/15/16 mpgen
3/10/15	Potential for inluni related to	1. bed in low position 2. Call light in reach 3. Side rail up 4. Bed alarms/magnetic alarms on and audible 5. Assess for confusion	q 1-2 hours & prn	patient will be free from injury	3/15/14 inpyen

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# Dear Parent,

Welcome to Willis-Knighton Health System. Your child's safety is a priority at Willis-Knighton. You can help ensure your child's safety by following these important steps:

- 1. A responsible adult should be with a child 12 years or younger at all times.
- 2. Become familiar with hospital personnel. Employees handling your child wear galaxy blue scrubs, lab coat/pediatric theme jacket and a hospital badge with their picture on it. Please take time to notice whether the photo on the badge and the staff member's face are the same. If they are not, notify the nurse's station immediately!
- 3. Pediatric patients must have an identification band on the wrist or foot at all times.
- 4. All Pediatric Nursing staff wear:
  a. galaxy blue scrubs and lab jacket with pediatric theme
  b. a WKHS ID badge with their picture on it.
- 5. Never leave your child alone or unsupervised in your room. Also, keep your door to your room closed at all times.
- 6. Feel free to question anyone who comes into your room. Alert the nurse's station immediately, even if the person is dressed in hospital clothing or seems to have a good reason for being there.
- 7. Never allow your child to leave their room with a staff member unless your nurse introduces that staff member to you. We want you to accompany your child to special procedures that are done off the unit. The nurse will inform you of what procedures that you will not be allowed to be in with your child. Example: You may accompany your child to the outside doors of surgery but will not be allowed in surgery.

Willis-Knighton Health System is dedicated to keeping your child safe and secure. If you have any questions or concerns about our Pediatric Security Policy, please contact your nurse.

SIGNATURE:_	all lines	Annual Control of the	
WITNESS:	19 hordan RD		
DATE/TIME:_	3/10/16	1500	

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PAGE 1

RUN DATE: 03/12/16 RUN TIME: 1557

Willis-Knighton South Nursing \*\*LIVE\*\*

PATIENT ASSESSMENT

RUN USER: COOKC4.NS

INTERDISC DISCHARGE - WKB/P/S

Patient: HENDERSON, AALIYAH L

Account #: K32120206 Admit Date: 03/10/16

Status: ADM IN

· 古 五 本 風 瀬 一 総 製 温 巻 ア

Age/Sex: 2Y 05M P Unit #: X000629504 Location: 588

Room/Bed: K.ES514-1

Attending: Tran, Sharon N M.D.

Pt's Chief Complaint: TROUBLE BREATHING \*Functional Level Prior To Admit: Dependent

Expected Therapy/Outcome: FREE FROM SYMPTOMS

Brief Summary Of Hospital Stay: IV ANTIBIOTICS, IV FLUIDS, SOLUMEDROL, DIET, COMFORT, : SAFETY, BREATHING TREATMENTS, CR MONITOR, LAB WORK, XRAY

Discharge Diag./Complications: STATUS ASTEMATICUS, VIRAL ILLNESS, RESP FAILURE (RESOLVED) --- DISCHARGE VITAL SIGNS---

Blood Pressure: 112/64 Heart Rate: 117 Resp. Rate: 28

Type Of Temperature: Axillary Temp: 98.4

Heparin Lock Removed: YES

Telemetry Removed: YES

--- DISCHARGE FOLLOW UP---

Appt. With:

Appt. With:

Appt. With:

Appt. With:

Appt. With: PRIMARY CARE PHYSICIAN

Referral To: \*PT:N \*OT:N \*CR:N Hospice: N\*SS: N \*HH:N

Pt/Fam Make Appt In: Pt/Fam Make Appt In:

Pt/Fam Make Appt In:

Pt/Fam Make Appt In:

Pt/Fam Make Appt In: 1 WEEK \*Diet Cost:N \*RT:N \*ST:N

--- DISCHARGE ACTIVITY---

Functional Level On Discharge: Dependent

Resume Normal Activity: Y Restricted Activity For: DOC

Restricted Activity: Not Applicable Hygiene Restrictions: Not Applicable

Diet Restrictions: REGULAR

--- TAKE HOME MEDICATIONS -----

TIMES | SPECIAL INSTRUCTIONS NAME/DOSE : ORAPRED 15MG/5ML GIVE 4ML BY MOUTH TWICE A DAY FOR 3 DAYS.

: ALBUTEROL 2.5/3ML GIVE 3ML VIA NEBULIZER EVERY 4-6 HOURS AS NECESSARY

FOR WHEEZING.

1 ZITHROMAX 65MG (3.25ML) GIVE 3.25ML BY MOUTH EVERY DAY FOR 2 DAYS.

: TYLENOL 180MG (5.62ML) GIVE BY MOUTH EVERY 4 HOURS AS NECESSARY FOR

: TEMPERATURE > 101 DEGREES.

--- TAKE HOME MEDICATIONS CONTINUED----

NAME/DOSE

TIMES

SPECIAL INSTRUCTIONS

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Willis-Knighton South Nursing \*\*LIVE\*\* PAGE 2 RUN DATE: 03/12/16 RUN TIME: 1557 PATIENT ASSESSMENT RUN USER: COOKC4.NS INTERDISC DISCHARGE - WKB/P/S Patient: HENDERSON, AALIYAH L Age/Sex: 2Y 05M F Unit #: K000629604 Account #: K32120206 Location: 5ES Admit Date: 03/10/16 Room/Bed: K.E5514-1 Status: ADM IN Attending: Tran, Sharon N M.D. Is Fall Risk Score 12 or higher (Adult) 3 or higher (Ped): Y Verbalizes Understanding Of Discharge Instructions: Y Return Demonstration Of Discharge Instructions: Y Valuables Returned From Business Office: Nevertaken to Bus. office Records Sent With Patient: N Records: Discharged Per: Parent Arms Discharged To: Parent/Guardian Mode Of Transportation: Automobile Accompanied By: FAMILY AND STAFF --- DISCHARGE SKIN ASSESSMENT---I verify that I have performed a complete skin assessment and documented all findings below. Skin Temp/Character: Warm & Dry Pressure Ulcer/Skin Impairment at Discharge: N If YES, list all location(s) and use the Skin Description lookup and/or Free Text for EACH. If >10 locations, document remaining in a Patient Note. SKIN DESCRIPTION LOCATION 1 FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, odor, etc): SKIN INTACT NO BREAKDOWN NOTED

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PAGE 3

RUN DATE: 03/12/16 RUN TIME: 1557

Willis-Knighton South Nursing \*\*LIVE\*\*

PATIENT ASSESSMENT

RUN USER: COOKC4.NS

INTERDISC DISCHARGE - WKB/P/S

Patient: HENDERSON, AALIYAH L Account #: K32120206

Admit Date: 03/10/15 Status: ADM IN

. ....

Attending: Tran. Sharon N.M.D.

Age/Sex: 2Y 05M F

Unit #: K000629604 Location: 588

Room/Bed: K.E5514-1

Completely Limited Very Limited Slightly Limited No Impairment SENS PERCEP Rarely Moist Occasionally Moist Very Moist MOISTURE Constantly Moist Walks Occasionally Walks Frequently Chairfast ACTIVITY Bedfast No Limitation Slightly Limited Completely Immobile Very Limited MOBILITY Excellent Probably Inadequate Adequate NUTRITION Very Poor Potential Problem No Apparent Problem FRICT/SHEAR Problem

Sensory Perception: 4 - No Impairment

Moisture: 4 - Rarely Moist

Activity: 4 - Walks Frequently

Mobility: 4 - No Limitation

Nutrition: 3 - Adequate

Friction/Shear: 3 - No Apparent Problem

Total Braden Scale Score: 22

DISCHARGE MATERIALS AND INFORMATION GIVEN TO PT OR FAMILY

Discharge Material Given: DISCHARGE INSTRUCTIONS EXPLAINED AND GIVEN

Discharge Material Given: TO MOM.

Discharge Material Given: PRESCRIPTION FOR ALBUTEROL & ORAPRED GIVEN

Discharge Material Given: TO MOM.

Discharge Material Given: Discharge Material Given:

Discharge Material Given:

Discharge Material Given:

Discharge Material Given:

Cardiopulmonary Home Care Instructions Provided:

Dialysis patient:

Smoking can be hazardous to your health and those around you. ANYONE that smokes should stop for their health! Assistance to stop smoking is available by calling WK Quit (212-4450), the American Lung Association (800-LUNG-USA) or the American Cancer Society (800-QUIT-NOW).

\*\*REMINDER TO PATIENT AND/OR FAMILY: Discard any previous medication lists and update your new medication list with any medication providers and/or pharmacies you use.

Heplock removed: Yes

Is there an MD order to leave in place:

Foley Catheter removed: Not Applicable

Is there an MD order to leave in place: Was catheter inserted on this admit:

. .

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PAGE 4

RUN DATE: 03/12/16

Willis-Knighton South Nursing \*\*LIVE\*\*

PATIENT ASSESSMENT

RUN TIME: 1557 RUN USER: COOKC4.NS

INTERDISC DISCHARGE - WKB/P/S

Patient:

Account #: K32120206 Admit Date: 03/10/16

Status: ADM\_IN

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である。 大学

Attending: Tran, Sharon N M.D.

Age/Sex: 2Y 05M F Unit #: K000629604

Location: 5ES

Room/Bed: K.ES514-1

PICC line removed: Not Applicable

Is there an MD order to leave in place: N

Is Home Health set up to care for PICC Line at home:

Was PICC flushed and dressing changed according to policy:

Were PICC Line Home Care Instructions given to patient:

If any other devices were left in place, describe:

\*\*\* PHYSICAL MEDICINE DISCHARGE NOTE ( when applic.) \*\*\*

\*\*\* RESPIRATORY THERAPY DISCHARGE NOTE (when applic.) \*\*\*

\*\*\* OTHER DISCIPLINE DISCHARGE NOTE (when applic.) \*\*\*
Department:

If pt. delivered baby while in hospital, enter Blood types:

PATIENT BLOOD TYPE : Baby 1 Type and RH:

Baby 2 Type and RH:

Patient Or Family Signature:

Time Of Discharge:

Nurse Signature: CASSANDRA POLLARD, RN

Date of Birth: 10/01/13 (Automatically defaults; do not change)

Occurred Date: 03/12/16

Monogram: CJP Initials: COOKC4.NS

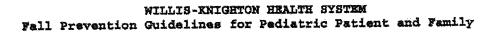
Name: POLLARD, CASSANDRA J

Occurred Time: 1544

Nurse Type: RN

1122

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Accidental falls may occur in the hospital. These accidents are as distressing to hospital personnel as they are to the patient. Our health care team of nurses, doctors, physical therapists, and assistants are here to assist you and your child in a safe and speedy recovery. Your participation and cooperation with this program will help you to prevent unnecessary injury.

- \* Adult supervision is required for all children age 12 and under
- \* Keep ID band on child
- \* Notify nursing staff when assistance is needed for toileting or other needs
- \* Keep bed in low position and keep side rails up to the top of the crib when child is in crib
- \* Have child wear anti-slip footwear when ambulating
- \* Keep restroom light or night light on during the night
- \* Keep room as clutter free as possible, allowing for clear pathways for your child to ambulate



10/01/13 2Y 05M K.B5502-1

Tran, Sharon N M.D.

K32120206

03/10/16











I. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

- 2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.
- 3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.
- 4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.
- 5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment. WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 03/10/16 Admission Time: 0648



10/01/13 Haynes, Andrew T M.D. K32120206 03/10/16

AM3349\_1 Page 1 of 2











in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

- 6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.
- 7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.
- 8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.
- 9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

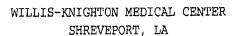
I acknowledge that I have been i	informed of my rights and obli	gations as a pat	ient.		
Signature of Patient/Guardian  Overnia Alcyan  Print Name	3·10·16 Polar Guar Oct 18 Print	<u> </u>	3:10:16 Date/Time OU48	Witness  Print Name	5-10-14 Date/Time Our-15
If Patient/Guarantor is unable to sign, I, _	, either expressed (		hat I have been given the a		
Signature of Authorized Party	Authorized Farty's Relationship to the Patient	Date/Time	Witness	Date/Time	

Admission Date: 03/10/16 Admission Time: 0648 AM3349\_2 Revised 10/01/2013 Committee Approved 12/13/2013 Page 2 of 2





10/01/13 Haynes, Andrew T M.D. K32120206 03/10/16



EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME:

ACCT. NO: K31877657

GUARANTOR: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

NEXT OF KIN: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

(318)210-3821 PHONE:

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER: CHILD

ADDRESS:

PHONE:

ARRIVED FROM: C

ATTENDING PHYS: Aycock II, Richard A M.D.

ADMIT/OTHER PHYS:

PRIM CARE PHYS: UNKNOWN

NAME

POLICY # 1997286459512 GROUP #

BENEFIT PLAN

MEDICAID

PRIMARY INS: LA HLTHCARE CONN LA ME SECONDARY INS: TERTIARY INS:

FOURTH INS:

ACCT NO: K31877657

ROOM:

STATUS: REGER

DATE:

12/31/15

UNIT#: K000629604

2036 TIME: SERV/LOC: ERS

BIRTHDATE: 10/01/13

F/C: MA

SS#:

PATIENT!

ADDRESS: 2247 LEGARDY STREET

SHREVEPORT,LA 71107

AGE: SEX: 2Y

**BLACK OR AFRICAN A** 

PHONE: (318)210-3821

RACE RELIGION: NO RELIGION

COUN'TY: CADDO PARISH

MARITAL STAT: SINGLE

EMPLOYER: JOHNSON'S CARE

ADDRESS: 4038 MARRON PLACE

SHREVEPORT,LA 71109

ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

PERSON TO NOTIFY: ALEXANDER, JENNIFER

PHONE: (318)210-3821

RELATION: M

COMMENTS:

REASON FOR VISIT: COLD SYMPTOMS WHEEZING >1YEAR

KNOWN DRUG ALLERGIES: NKDA

(318)631-7714

ADMIT CLERK: PETERS.AM



# Physician Documentation

Willis Knighton South

Name: Aaliyah

**Age:** 2 yrs **Sex:** Female **DOB:** 10.01 2013 **Arrival Date:** 12/31/2015 Time: 20:36

**Bed** 16-B

MRN: 1116206 Account#: K31877657 Private MD: Allen, Scott

#### HPI:

12/31 The patient presents to the emergency department with congestion, with nasal discharge, that is clear,

21:03 cough, that is intermittent, with no sputum, wheezing, described as moderate. Onset: The

symptoms/episode began/occurred today. Associated signs and symptoms: Pertinent positives: congestion, cough, fever, shortness of breath, wheezing, Pertinent negatives: seizure, vomiting. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by nothing. Treatment prior to arrival: albuterol nebulizer. The patient has experienced similar episodes in the past, several times. The patient has been recently seen by a physician: The patient has been recently seen at a Willis Knighton Emergency Department, last week, for similar complaints was given a prescription for antibiotics.

#### Historical:

Allergies: No known drug Allergies;

Home Meds:

1. Albuterol Nebulizer as needed

PMHx: .NonePSHx: NoneHistorical:

20:55 Family history: Pertinent for; recent upper respiratory infection symptoms, mother and grandmother. Immunization history: Childhood immunizations up to date.

raa

jaw1

raa

raa

21:03 The history from nurses notes was reviewed and confirmed.

#### ROS:

21:03 **Constitutional:** Positive for fever, Negative for body aches, chills. fussiness. **ENT:** Positive for nasal discharge, Negative for ear pain. **Neck:** Negative for stiffness, swollen nodes. **Respiratory:** Positive for cough, shortness of breath, wheezing. **Abdomen/GI:** Negative for abdominal pain, nausea, vomiting, diarrhea. **GU:** Negative for bladder incontinence, burning with urination, difficulty urinating, dysuria flank pain, foul smelling urine. **Skin:** Negative for rash. **Neuro:** Negative for altered mental status, dizziness, gait disturbance, headache, numbness, tingling, weakness. ROS as in the HPI, and all other systems were reviewed negative, or noncontributory.

#### Exam:

21:03

Constitutional: Well developed, well nourished child who is awake, alert and cooperative with no acute distress

Head/Face: Normocephalic, atraumatic.

**Eyes:** Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema.

**ENT:** Nares patent. No nasal discharge, no septal abnormalities noted. Tympanic membranes are normal and external auditory canals are clear. Oropharynx with no redness, swelling, or masses, exudates, or evidence of obstruction, uvula midline. Mucous membrane

**Neck:** Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

Chest/axilla: Normal symmetrical motion. No tenderness. No crepitus. No axillary masses or tenderness. Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits.

**Abdomen/GI:** Soft, non-tender with normal bowel sounds. No distension, tympany or bruits. No guarding, rebound or rigidity. No palpable masses or evidence of tenderness with thorough palpation.

Back: No spinal tenderness. No costovertebral tenderness. Full range of motion.

Skin: Warm and dry with excellent turgor, capillary refill <2 seconds. No cyanosis, pallor, rash or edema.

MS/ Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full, normal range of motion.

**Neuro:** Awake and alert, GCS 15, oriented to person, place, time, and situation. Cranial nerves II-XII grossly intact. Motor strength 5/5 in all extremities. Sensory grossly intact. Cerebellar exam normal. Normal gait. **Respiratory:** Respirations: labored breathing, that is moderate, accessory muscle usage, that is moderate, Breath sounds: wheezing, that is moderate, is scattered.

Vital Signs:

Vital Signs: Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
20:38		170		97.3(TE)	1.3 %.	11.48 kg / 25 lbs 5 oz	34 in. (86 cm)		hp1
21:03					94% on R/A				jaw1
21:04		110							jaw1
21:13					100% on 2%				jaw1
					Mask: Aerosol Mask				
21:35					94% on R/A		,	<u> </u>	jaw1
23:02					95% on R/A				jaw1
23:06	· · · · · · · · · · · · · · · · · · ·				on Pil				jaw1
23:16					85 % (d) R.A.				jaw1
23:21					8 Wort R/A				jaw1
23:25					o " nich				jaw1
23:26					94% on R/A				jaw1
23:31					88% en R/A				jaw1
23:36					84% on R/A				jaw1
23:41					100% on 10% Aerosol Mask				jaw1
23:46					100% on 10% Aerosol Mask				jaw1
23:51					100% on 10% Aerosol Mask				jaw1
23:56					96% on 10% Aerosol Mask				jaw1
01/01 00:06					99% on 10% Aerosol Mask				jaw1
00:16					100% on 10% Aerosol Mask				jaw1
00:39					100% on 10% Mask: Aerosol Mask				jaw1
00:43			46 Spontaneoi	.10					jaw1
00:46					99% on 10% Aerosol Mask				jaw1
00:51	- All All All All All All All All All Al				100% on 10% Aerosol Mask				jaw1
01:32		170	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		95% on 10% Aerosol Mask				jaw1

12/31 Patient crying and screaming in triage. Unable to get BP, difficulty with other vitals. 20:38

MRN: 1116206 Account#: K31877657

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Name: Aaliyah

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
20:38	spontaneous(4)	oriented(5)	obeys commands(6)		15	hp1

MDM:

21:00 Patient medically screened.

raa raa

21:03

01/01

Differential diagnosis: bacterial infection, bronchitis, pneumonia URI, viral Infection, reactive airway. Data reviewed: vital signs, nurses notes, lab test result(s), CBC, radiologic studies, plain films. Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, lab results, radiology results, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

ED course: MDM-.

raa

00:01 Data interpreted: Pulse oximetry: Interpretation: hypoxia.

Medication response: albuterol nebulizer treatment(s) partially relieved the patient's wheezing.

Response to treatment: the patient's symptoms have mildly improved after treatment.

Physician consultation: Dr. Steven Conrad MD regarding admission, patient's condition, after a discussion

of the case, a recommendation for transfer for higher level of care is made.

Admission orders: after a detailed discussion of the patient's condition and case, the admit orders are

written by me

ED course: MDM-CRITICAL CARE ACTIONS include repeated neb txs, po steroids, and admission. no picu beds at wks so will transfer to university hospital. accepted by dr conrad.

For Status Time Ву Order raa 12/31/15 20:59 raa Ordered CBC With Diff Richard Aycock II Reviewed 12/31/15 21:43 Order Method: Electronic Notes: Interpretation: Normal Except: White Blood Cel 19.0. COLLECTED BY NURSE? (Y/N) (OELBCBN): No Ordering Location: ERNPC1.1 Quantity 1: 1 Time Βv For Status Order 12/31/15 20:59 raa Ordered Call X-Ray Tech 12/31/15 21:03 Kristen Gray Completed Order Method: Electronic Notes: For Time Ву Status Order 12/31/15 20:59 raa Ordered raa Chest 2 View \*routine\* Richard Aycock II 12/31/15 23:26 Reviewed Order Method: Electronic Notes: Bed Name: 16-B Interpretation: normal., no acute changes, normal, no acute changes, normal. ER EXAM ROOM/BED: (OERDERRMBD): 16-B

Name: Aaliyah

Print Time: 10/1/2019 12:48.37

MRN: 1116206 Account#: K31877657

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O2: (OEADO2):	NO .						
REASON FOR EX	AM: (OERDEXAM): Cold Symptoms			y , Mr			
Order		Status	Time	Ву	For		
Xopenex 0.31 mg l	nhalation once; (pediatric dose)	Ordered	12/31/15 20:59	raa	raa		
		Administered	12/31/15 21:03	jaw1			
Notes:		Order Method: El	ectronic				
12/31/15 21:03	Administered: Xopenex 0.31 mg Inha	alation			jaw1		
12/31/15 21:13	Follow Up: Pulse Ox 100% 2% Mask Tolerated well	: Aerosol Mask: Response	: No Adverse Reaction;		jaw1		
Order		Status	Time	Ву	For		
Xopenex 0.31 mg l	nhalation once; (pediatric dose)	Ordered	12/31/15 20:59	raa	raa		
	<del></del>	Administered	12/31/15 21:19	jaw1			
Notes:		Order Method: El	ectronic				
12/31/15 21:19	Administered: Xopenex 0.31 mg lnha	l alation			jaw1		
12/31/15 21:35	<u></u>	RA; Response: No Adverse Reaction; Respiratory status jaw1					
Order		Status	Time	Ву	For		
Orapred 1.5 tsp PC	) once	Ordered	12/31/15 20:59	raa	raa		
		Administered	12/31/15 21:19	jaw1			
Notes:		Order Method: El	lectronic				
12/31/15 21:19	Administered: Orapred 1.5 tsp PO				jaw1		
12/31/15 21:19 12/31/15 22:15	Administered: Orapred 1.5 tsp PO Follow Up: Response: No Adverse R	eaction; Tolerated well			jaw1 jaw1		
		eaction; Tolerated well Status	Time	Ву			
12/31/15 22:15 Order	Follow Up: Response: No Adverse R		Time 12/31/15 21:48	By raa	jaw1		
12/31/15 22:15 Order		Status		<del></del>	jaw1 For		
12/31/15 22:15 Order	Follow Up: Response: No Adverse R	Status Ordered	12/31/15 21:48 12/31/15 21:56	raa	jaw1 For		
12/31/15 22:15 Order Xopenex 0.31 mg	Follow Up: Response: No Adverse R	Status Ordered Administered Order Method: E	12/31/15 21:48 12/31/15 21:56	raa	jaw1 For		
12/31/15 22:15  Order  Xopenex 0.31 mg I	Follow Up: Response: No Adverse R Inhalation once; (pediatric dose)	Status Ordered Administered Order Method: E	12/31/15 21:48 12/31/15 21:56 lectronic	raa	jaw1 For raa		
12/31/15 22:15  Order  Xopenex 0.31 mg I  Notes:  12/31/15 21:56	Follow Up: Response: No Adverse R Inhalation once; (pediatric dose)  Administered: Xopenex 0.31 mg Inh Follow Up: Pulse Ox 95% RA; Respo	Status Ordered Administered Order Method: E	12/31/15 21:48 12/31/15 21:56 lectronic	raa	jaw1 For raa		
12/31/15 22:15  Order  Xopenex 0.31 mg I  Notes:  12/31/15 21:56  12/31/15 23:02  Order	Follow Up: Response: No Adverse R Inhalation once; (pediatric dose)  Administered: Xopenex 0.31 mg Inh Follow Up: Pulse Ox 95% RA; Respo	Status Ordered Administered Order Method: E  alation onse: No Adverse Reaction	12/31/15 21:48 12/31/15 21:56 lectronic n: Respiratory status	raa jaw1	jaw1 For raa jaw1 jaw1		
12/31/15 22:15  Order  Xopenex 0.31 mg I  Notes:  12/31/15 21:56  12/31/15 23:02  Order	Follow Up: Response: No Adverse R Inhalation once; (pediatric dose)  Administered: Xopenex 0.31 mg Inh Follow Up: Pulse Ox 95% RA; Respo	Status Ordered Administered Order Method: E  alation onse: No Adverse Reaction Status	12/31/15 21:48 12/31/15 21:56 lectronic n: Respiratory status	raa jaw1 By	jaw1 For raa jaw1 jaw1 For		
12/31/15 22:15  Order  Xopenex 0.31 mg I  Notes:  12/31/15 21:56  12/31/15 23:02  Order	Follow Up: Response: No Adverse R Inhalation once; (pediatric dose)  Administered: Xopenex 0.31 mg Inh Follow Up: Pulse Ox 95% RA; Respo	Status Ordered Administered Order Method: E  alation onse: No Adverse Reaction Status Ordered	12/31/15 21:48 12/31/15 21:56 lectronic n: Respiratory status Time 12/31/15 21:48 12/31/15 22:01	raa jaw1 By	jaw1 For raa jaw1 jaw1 For raa		
12/31/15 22:15  Order  Xopenex 0.31 mg I  Notes:  12/31/15 21:56  12/31/15 23:02  Order  COLLECT SWAB	Follow Up: Response: No Adverse R Inhalation once; (pediatric dose)  Administered: Xopenex 0.31 mg Inh Follow Up: Pulse Ox 95% RA; Respo	Status Ordered Administered Order Method: E  alation onse: No Adverse Reaction  Status Ordered Completed	12/31/15 21:48 12/31/15 21:56 lectronic n: Respiratory status Time 12/31/15 21:48 12/31/15 22:01	raa jaw1 By	jaw1 For raa jaw1 jaw1 For raa		

Name: Aaliyah

MRN: 1116206 Account#: K31877657 Page 4 of 5

		Reviewed	Richard	Richard Aycock II			
Notes:		Order Method: Electronic					
Interpretation: No	rmal.						
Order		Status	Time	Ву	For		
Albuterol 0.5 unit dose Inhalation once		Ordered	12/31/15 23:39	jaw1	raa		
		Administered	12/31/15 23:58	jaw1			
Notes:		Order Method: Verbal - Read back					
		Sign off: Aycock II, Richard 12/31/15 23:38					
12/31/15 23:58	Administered: Albuterol 0.5 unit do	ose Inhalation			jaw1		
01/01/16 00:39	Follow Up: Pulse Ox 100% 10% Mask: Aerosol Mask; Response: No Adverse Reaction; Tolerated well						

**Order Signatures:** 

Aycock II. Richard, MD

MD raa

Wright, Jennifer, RN

RN jaw1

Disposition:

00:01 Electronically signed by: R Aycock MD. Electronically signed by: R Aycock MD.

raa

#### Disposition:

01/01/16 00:04 Transfer ordered to LSU/Ochsner Shreveport. Diagnosis is Reactive Airway.

- · Accepting physician is conrad.
- · Condition is Stable.
- · Problem is new.
- Symptoms have improved.

# **Critical Care Time Excluding Procedures:**

00:03 Critical care time: Consultation: 5 minutes, Family Intervention: 10 minutes, Patient Care: 45 minutes, Documentation: 5 minutes. Total time: 65 minutes

raa

Signatures:

Aycock II, Richard, MD

MD raa

Gray, Kristen, ED Tech

ED kg1

Pitarro, Holly, RN

RN hp1

Wright, Jennifer, RN

RN jaw1

Name: Aaliyah

Print Time: 10/1/2019 12 48:37

MRN: 1116206 Account#: K31877657

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Nurse's Notes

Name: Aalivah

Age: 2 yrs Sex: Female DOB: 10/01/2013 Arrival Date: 12/31/2015 Time: 20:36

**Bed** 16-B

Willis Knighton South

MRN: 1116206 Account#: K31877657 Private MD: Allen, Scott

## Presentation:

12/31 Method of Arrival: Carried.

hp1

hp1

20:38 Preferred language for medical communication is English. Presenting complaint: Mother states: She's got cough, cold, congestion, wheezing, and fever. It started today, but she was here on the 24th for an URI. Person Transporting: Parent. Transition of care: patient was not received from another setting of care. Care prior to arrival: Medications: Tylenol, 1 hour PTA, albuterol 1 hour PTA.

20:40 Acuity: 3 - Urgent.

hp1

hp1

#### **Triage Assessment:**

20:38 General: Appears in no apparent distress, well developed, well nourished, well groomed, uncomfortable, Behavior is appropriate for age, crying, fussy, mobility; ambulates without assistance Reports fever for 0-12 hours, Pain: Denies pain.

Historical:

· Allergies: No known drug Allergies;

· Home Meds:

1. Albuterol Nebulizer as needed

• PMHx: None PSHx: None Historical:

20:55 Family history: Pertinent for; recent upper jaw1 respiratory infection symptoms, mother and grandmother. Immunization history: Childhood immunizations up to date.

21:03 The history from nurses notes was reviewed raa and confirmed.

Screening:

20:38 Abuse screen:

hp1

there are no obvious signs of child abuse.

Patient fall risk assessment;

risks identified; is of toddler age, Intervention for positive screen: parent/caregiver holding child, teaching provided regarding fall risk, with verbalized understanding.

Learning Barriers:

No barriers to teaching and learning identified. caregiver ready and willing to learn, prefers oral and written instructions.

Pedi Fall Risk None Identified.

Exposure risk/Travel Screening:

None identified.

#### Assessment:

20:55 Pain: level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale jaw1 score is 3 out of 10.

- 20;58 General: Appears well developed, well nourished, Behavior is crying, Reports fever for 0-12 hours. Neuro: jaw1 Level of Consciousness is alert, appropriate to pain. Oriented to person. EENT: Eyes are tearing on inner aspect of conjuctiva of right eye and inner aspect of conjunctiva of left eye Sclera/Cornea are clear in outer aspect of conjuctiva of right eye. inner aspect of conjuctiva of right eye, outer aspect of conjuctiva of left eye and inner aspect of conjunctiva of left eye Oral mucosa is moist. Parent/caregiver reports the patient having nasal discharge that is watery for 2 day(s). Respiratory: Respiratory effort is with nasal flaring, with retractions, Respiratory pattern is symmetrical, Airway is patent Trachea midline Breath sounds with wheezes upon exhalation, bilaterally, in left posterior upper lobe and right posterior upper lobe Parent/caregiver reports the patient having cough that is persistent for 2 day(s). Dermatologic: Skin is intact, is healthy with good turgor. Skin is dry. Skin is normal, Skin temperature is warm.
- 21:20 Respiratory: Reassessment: No changes from previously documented assessment. Patient states symptoms have not improved.

iaw1

jaw1

22:02 Respiratory: Reassessment: No changes from previously documented assessment. Patient states symptoms have not improved.

jaw1

23:23 General: Behavior is crying, being held by grandmother. Respiratory: Breath sounds with wheezes upon exhalation, bilaterally, in left posterior upper lobe, right posterior upper lobe, left posterior lower lobe and

Page 1 of 4

- right posterior lower lobe Reassessment: No changes from previously documented assessment. Patient states symptoms have not improved.
- 23:31 Cardiovascular: Heart tones S1 S2 present. Respiratory: Respiratory effort is labored, with nasal flaring, jaw with retractions, grunting, Respiratory pattern is symmetrical, tachypnea Airway is patent Breath sounds with wheezes upon exhalation, bilaterally, in left posterior upper lobe, right posterior upper lobe, left posterior lower lobe and right posterior lower lobe.
- 01/01 **General:** Behavior is crying. **General:** ED MD Aycock in room to assess patient.. **Respiratory:** Respiratory jaw1 01:27 effort is labored, with nasal flaring, with retractions, grunting, Respiratory pattern is symmetrical, tachypnea Airway is patent Trachea midline Reassessment: No changes from previously documented assessment. Patient states symptoms have not improved.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain Staff
12/31 20:38		1-0		97.3(TE)	• 7	11.48 kg / 25 lbs 5 oz	34 in. (86 cm)	hp1
21:03					94% on R/A			jaw1
21:04		110						jaw1
21:13					100% on 2% Mask: Aerosol Mask			jaw1
21:35					94% on R/A			jaw1
23:02					95% on R/A			jaw1
23:06					11 6/1 RV			jaw1
23:16					85t on R/A			jaw1
23:21					879 on R/A			jaw1
23:25					. Herti A			jaw1
23:26					94% on R/A			jaw1
23:31					FRY on R/A			jaw1
23:36			***		647 mr R A			jaw1
23:41					100% on 10% Aerosol Mask			jaw1
23:46			<u> </u>		100% on 10% Aerosol Mask			jaw1
23:51					100% on 10% Aerosol Mask			jaw1
23:56					96% on 10% Aerosol Mask			jaw1
01/01 00:06					99% on 10% Aerosol Mask			jaw1
00:16					100% on 10% Aerosol Mask			jaw1
00:39					100% on 10% Mask: Aerosol Mask			jaw1
00:43			46 Spontaneous	}				jaw1
00:46					99% on 10% Aerosol Mask			jaw1

Name: Aaliyahdii Account#: K31877657

Print Time. 10/1 2019 12:48:53

00:51		100% on 10% Aerosol Mask	jaw1
01:32	170	95% on 10% Aerosol Mask	jaw1

12/31 Patient crying and screaming in triage. Unable to get BP, difficulty with other vitals.

hp1

## Vitals:

20:38 Acuity: 3 - Urgent.21:03 Body Mass Index = 15.52.

hp1

jaw1

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
20:38	spontaneous(4)	oriented(5)	obeys commands(6)		15	hp1

## ED Course:

20:36	Patient arrived in ED.	ms2
20:36	Patient moved to KIOSK.	ms2
20:37	Allen, Scott is Private Physician.	hp1
20:45	Patient moved to Waiting.	hp1
20:46	Patient moved to 16-B.	jaw1
20:52	Aycock II, Richard, MD is Attending Physician.	raa
20:54	Wright, Jennifer, RN is Primary Nurse.	jaw1
20:54	Pulse ox on. Bedside monitor alarms on and audible.	jaw1
	Critical Med Co-Sign: Orapred 1.5 teaspoon . dosage verified by Chenoa Hanson RN.	cph
	Blood collected; (by phlebotomist), specimen labeled in the presence of the patient Sent per order to lab.	jaw1
21:20	Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Call light in reach. Instructed to call for assist when getting up, verbalized understanding. Patient has correct armband on for positive identification. Adult with patient. Child being held by parent. Door closed. Noise minimized.	jaw1
21:35	Patient moved to Radiology.	aw7
21:35	Chest 2 View *routine* Sent.	aw7.
	Patient moved to 16-B.	aw7
	Influenza culture sent to lab. and RSV, specimen labeled in presence of patient and mother, sent per order.	jaw1
	Critical Med Co-Sign; Albuterol 0.5 unit dose, dosage verified by Chenoa Hanson RN.	cph
00:00	Missed attempts: 22 gauge X 1 in right antecubital area, Bleeding controlled, band aid applied, catheter tip intact.	jaw1
	Missed attempts: 22 gauge X 1 in left hand, per Chenoa Hanson, RN. Bleeding controlled, band aid applied, catheter tip intact.	
00:04	Missed attempts: 22 gauge X 1 in left wrist, per Chenoa Hanson, RN. Bleeding controlled, band aid applied, catheter tip intact.	jaw1
00:06	Inserted saline lock IV, 22 gauge in left antecubital area per Chenoa Hanson, RN IV maintenance: IV is patent, is intact, with fluids infusing freely, with good blood return, Flushed w/ 5 ml NS.	jaw1
00:20	Called Transfer Center at University Health, spoke with Suzanne Holst, informed her that we will be sending this patient to University Health because there is not an available bed at this time at Willis Knighton South PICU, patient will be under the care of Dr. Conrad. Suzanne Holst states that she will call the Resident to confirm bed placement at University Health PICU and will call back with confirmation of bed number as soon as possible. Writer instructed per Suzanne Holst to fax patient's face sheet, insurance information, and	jaw1

Name: Aaliyah Account#: K31877657

Print Time 10/1 2019 12:48:53

mother's identification. 00:27 Faxed Suzanne Host with the Transfer Center at University Health the patient's face sheet, mother's jaw1 identification and insurance to 675-6636. jaw1 00:44 Resting quietly, mother to bedside. ER nurse to see patient. 00:50 Suzanne Holst from University Health Transport Center called with bed assignment for patient. Bed jaw1 assignment is 5J Bed 7. Suzanne transferred writer to PICU to speak with patient's nurse to give report. jaw1 00:54 Spoke with Pam Murray, RN at University Heath PICU, report was given. 00:56 Called Willis Knighton Transport, spoke with Michelle, gave her patient's information that is requested. She jaw1 states that it will be approximately 30 minutes before transports arrival. jaw1 01:34 No procedures done that require assistance.

Administered Medications:

	istered Medications:	V-1	Douto	Rate	Infused	Site	Delivery	Staff
Time	Drug & Dose	Volume	Route	Rate	Over	Site	Delivery	Otan
	Despensable is a amity				Ovei		<del> </del>	-
12/31	Xopenex 0.31 mg		Inhalation				ļ	jaw1
21:03							<u> </u>	
21:13	Follow up: Pulse Ox 100% 2% Mask: Aerosol	Mask; Re	sponse: No	o Advers	e Reaction	n; Tolera	ted well	jaw1
21:19	Xopenex 0.31 mg	T	Inhalation					jaw1
21:35		Adverse F	Reaction; R	espirator	y status u	nchange	d;	jaw1
21:19	Orapred 1.5 tsp		PO					jaw1
22:15		Folerated	well				.,	jaw1
21:56			Inhalation					jaw1
23:02	Appendix 0.01 mg							jaw1
23:58	Albuterol 0.5 unit dose		Inhalation			<u> </u>		jaw1
01/01 00:39	Follow up: Pulse Ox 100% 10% Mask: Aeroso	ol Mask; F	Response: I	No Adver	se Reacti	on; Toler	ated well	jaw1

#### Outcome:

00:04 ER care complete, transfer ordered by MD.

raa iaw1

01:32 Transferred by WK-transport Note: University Health PICU Bed 7, 5J. Report called to Pam Murray, RN., using the SBAR communication method. Instructed on admit to floor admission process Demonstrated understanding of instructions. No questions or concerns expressed to me at discharge. All belongings were taken to the room upon admit. **Medication reconcillation form provided. Med Effects:** Effects of administered medications were addressed. **Oxygen use:** Oxygen used on this visit.

01:47 Electronic medical record closed.

jaw1

Signatures:

Signatures:			and the state of t	DM	anh
Aycock II, Richard, MD	MD	raa	Hanson, Chenoa, RN	RN	cph
Scriptuser, MEDHOST		ms2	Walker, Ansell, RT	RT	aw7
Pitarro, Holly, RN	RN	hp1	Wright, Jennifer, RN	RN	jaw1

Name: Aaliyah

MRN: 1116206 Account#: K31877657

Page 4 of 4

# 

RUN DATE: 10/01/19 RUN TIME: 1347 RUN USER: PARRM.HM Laboratory System \*Live\*
WKS Discharge Summary Report

PAGE 1

# LOCATION

PATIENT:	Aycock II,	<b>L</b> Richard A M.		K31877657 2Y 03M/F DEP ER	LOC: ERS ROOM: BED:	U #: K000629604 REG: 12/31/15 DIS:
				)LOGY		
Day Date Time  Time  White Red B Hemog Hemat MCV NCH NCHC RDW NCHC NEW NEUT Neutr Nonoc Basop Neutr Neutr Neutr Nonoc Neutr Neutr Nonoc Neutr Neutr Nonoc Neutr Nonoc	Blood Cellood Cellobin ocrit  let Count Plt Volume ophils ocytes ytes ophils hils ophils # ocytes # ytes # ophils #	1 DEC 31 2115  19.0 H 5.22 H 10.8 L 34.6 66.3 L 20.7 L 31.3 L 18.0 H 191 H 7.0 70.7 14.4 6.6 7.5 0.8 13.5 2.7 1.3 1.4 0.1			Reference (5.0-12.0) (4.1-5.1) (11.0-14.0) (33.0-42.0) (74.0-89.0) (27.1-34.2) (33.0-35.6) (12.0-14.5) (130-351) (6.6-10.2) (Not Estab.) (Not Estab.) (3-10) (0.0-8.0) (0.0-3.0) (Not Estab.) (Not Estab.) (Not Estab.) (Not Estab.) (Not Estab.) (Not Estab.) (Not Estab.) (Not Estab.) (Not Estab.) (Not Estab.)	Units  10^9/L 10^6/uL g/dL % fL pg g/dL % 10^3/uL fL % % % 10^3/uL 10^9/L 10^3/uL 10^3/uL 10^3/uL
Patient:		L	7go/5c	2V 02M/E	Acct#K31877657	7 Unit#K00062960

RUN DATE: 10/01/19 RUN TIME: 1347 RUN USER: PARRM.HM Laboratory System \*Live\*
WKS Discharge Summary Report

PAGE 2

#### LOCATION

Patient:	#K31877657	(Continued)	
	PCR TESTS		
Day 1			,
Date DEC 31		Reference	Units
Time 2154			
=> Flu A by PCR (a) => Flu B by PCR (b)		(Negative) (Negative)	
=> Flu Comments (c)		(Negative)	
=> RSV by PCR (e) => FLU RSV comment (g)		(Negative)	
NOTES: (a) Negative			
(b) Negative (c) Comments			
See also (d)			
(d) NEGATIVE influenza test revirus infection and should	esults do not precl d not be used as th	lude influenza ne sole basis for	
treatment or other patient negative results may occur	t management decisi	ions. False	
below the analytical limit	t of detection or t	the virus mutates	· F
in the target region. (e) Negative			
See also (f)		r . 1 - a	
(f) NEGATIVE test results do s should not be used as the	not preclude RSV in sole basis for tre	eatment or other	
patient management decision occur if virus is present	ons. False negativ	re results may	
limit of detection or the	virus mutates in t	the target	
region. (g) See Below			
See also (h)	r		
(h) New method in use 11/16/1			
The results of this assay conjunction with other la	should be interpre boratory and clinic	eted in cal data.	
,			

L

Patient:

Age/Sex: 2Y 03M/F Acct#K31877657 Unit#K000629604

WILLIS-KNIGHTON SOUTH

Account: K31877657
Patient: L

Order Dr: Aycock II, Richard A M.D.

EPI: 000000001116206

XR REPORT DEP ER

DOB: 10/01/13

Final Report

Admitting Diagnosis: COLD SYMPTOMS WHEEZING >1YEAR

Reason For Exam: Cold Symptoms Interpretive Location: ZAMANI

Procedure Date: 12/31/2015 Accession Number: 3023173

Procedure: SXR - XR, chest 2 view CPT Code: 71020

IMPRESSION: Unremarkable 2 views of the chest.

RESULT: XR, chest 2 view

Clinical Information: Cold Symptoms

Comparison: None.

Findings: Lungs are clear. No effusion or pneumothorax is seen. Heart size is normal.

Page 1523 of 1758

Last Update/ Acknowledgement:

RUN DATE: 1 RUN TIME: 2047

uth \*ADMISSION llis Knighton INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

RUN USER: PETERS.AM

Name:

Serv/Locn: ERS

DOB: 10/01/13 Status: ER

Age: 2Y 02M Sex: F

Rm/Bd: Unit#: K000629604

Account#: K31877657

EPI#: 00000001116206

Interdisciplinary Assessment (Free Text), historical data:

11/03/15 - 1358 Allergyl-Med/Contact:

NKDA

11/03/15 - 1358 Allergy2-Med/Contact:

NKDA

11/03/15 - 1358 Food Allergies-Intol:

NONE

11/03/15 - 1358 Latex Allergy (Y/N):

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

11/05/15

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Aycock II, Richard K31877657

12/31/15

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record











- ASSIGNMENT OF BENEFITS

  I. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.
- 2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any
- 3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.
- 4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.
- 5. Payment Guaranty and Assignment of Insurance Benefits: 1, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment. WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 12/31/15 Admission Time: 2036

AM3349 1 Page 1 of 2

10/01/13 Aycock II, Richard A M.D. K31877657 12/31/15















## ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

- 6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.
- 7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.
- 8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.
- 9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient. /Guarantor Print Name Print Name , do hereby state that I have been given the authority to sign for If Patient/Guarantor is unable to sign. I. , either expressed or implied and that he or she is fully aware of this authority Date/Time Wirness Date/Time Amborized Party's Signature of Relationship to the Patient Authorized Party

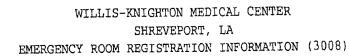
Admission Date: 12/31/15 Admission Time: 2036 AM3349\_2 Revised 10/01/2013 Committee Approved 12/13/2013

Page 2 of 2



10/01/13 2Y Aycock II, Richard A M.D. K31877657 12/31/15

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NAME:

ACCT. NO: K31858327

GUARANTOR: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET

NEXT OF KIN: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

PHONE:

(318)210-3821

SHREVEPORT, LA 71107

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER; CHILD

ADDRESS:

ARRIVED FROM: C

ATTENDING PHYS: Sullivan, Michael J M.D.

PHONE:

ADMIT/OTHER PHYS:

PRIM CARE PHYS: UNKNOWN

NAME

POLICY #

GROUP #

BENEFIT PLAN

PRIMARY INS: LA HLTHCARE CONN LA ME

1997286459512

MEDICAID

SECONDARY LNS: TERTIARY INS: FOURTH INS:

ACCT NO: K31858327

ROOM:

STATUS: REGER

12/24/15 DATE:

UNIT#: K000629604

1118 TIME:

SERV/LOC: ERS

F/C: MA

SS#:

PATIENT ADDRESS: 2247 LEGARDY STREET

SHREVEPORT, LA 71107

PHONE: (318)210-3821

ACE: SEX:

BIRTHDATE: 10/01/13 2Y

BLACK OR AFRICAN A

RACE RELIGION: NO RELIGION MARITAL STATE: SINGLE

COUNTY: CADDO PARISH

EMPLOYER: JOHNSON'S CARE ADDRESS: 4038 MARRON PLACE

SHREVEPORT,LA 71109

(318)631-7714

PERSON TO NOTIFY: ALEXANDER, JENNIFER

ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

PHONE: (318)210-3821

RELATION: M

COMMENTS: NONINJURY

REASON FOR VISIT: COLD SYMPTOMS KNOWN DRUG ALLERGIES: NKDA

ADMIT CLERK: BELLE.AM



# Physician Documentation

Willis Knighton South

Name: Aaliyah

Age: 2 yrs Sex: Female DOB: 10/01/2013 Arrival Date: 12/24/2015 Time: 11:18

Bed 9

MRN: 1116206 Account#: K31858327 Private MD: Allen, scott

#### HPI:

12/24 This 2 years old African Am/Black Female presents to ED via Carried with complaints of **Cold Symptoms**.

klb2

11:55 The patient presents to the emergency department with congestion, with nasal discharge, that is clear, that klb2 is mild, cough, described as mild. Onset: The symptoms/episode began/occurred yesterday. Associated signs and symptoms: Pertinent positives: congestion, cough, nasal discharge, Pertinent negatives: abdominal pain, body aches, constipation, diarrhea, earache, fever, headache, myalgias, seizure, shortness of breath, sore throat, vomiting, wheezing. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by nothing. Treatment prior to arrival: albuterol nebulizer. It is unknown whether or not the patient has had similar symptoms in the past. It is unknown whether or not the patient has recently seen a physician. Mother has had similar symptoms.

### Historical:

• Allergies: No known drug Allergies;

Home Meds:

1. Albuterol Nebulizer as needed

• PMHx: .None • PSHx: None Historical:

11:23 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations sd4 up to date. Social history: The patient lives with family the patient is a minor.

12:09 The history from nurses notes was reviewed and confirmed.

klb2

#### ROS:

12:09 Constitutional: Positive for coughing, Negative for chills, chronic foley, fatigue, fever, fussiness, malaise, obvious distress, poor PO intake, shortness of breath, tearful, vomiting, weight loss,

klb2

12:09 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned klb2 below. Eyes: Negative for redness, swelling, pain, injury, discharge, visual disturbance or loss, FB sensation Neck: Negative for injury, pain, welling, stiffness or swollen/tender lymph nodes. Cardiovascular: Negative for Chest pain, palaitations, and edema Abdomen/GI: Negative for abdominal pain, nausea, vomiting, diarrhea, and constipation, hematochezia, melena, anorexia, dysphagia. Back: Negative for injury and pain, GU: Negative for injury, bleeding, discharge, and swelling, MS/Extremity: Negative for injury and deformity, pain, swelling, or redness Skin: Negative for injury, rash, and discoloration, and lesions Neuro: Negative for headache, weakness, numbness, tingling, and seizure, AMS, and syncope Psych: Negative for depression, anxiety, suicide ideation, homicidal ideation, and hallucinations. ENT: Positive for rhinorrhea, sinus congestion, Negative for difficulty swallowing, hoarseness, nose bleed, pulling at ears, sore throat. Respiratory: Positive for cough, Negative for dyspnea on exertion, orthopnea, pleurisy, paroxysmal nocturnal dyspnea, shortness of breath, sputum production.

#### Exam:

klb2 12:09

Head/Face: Normocephalic, atraumatic.

Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema.

Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

Chest/axilla: nomal symetrical chest. Non tender. No lesions.

Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits.

**Respiratory:** Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales, rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring.

**Abdomen/GI:** Soft, non-tender with normal bowel sounds. No distension, tympany or bruits. No guarding, rebound or rigidity. No palpable masses or evidence of tenderness with thorough palpation. No hernia. No splenomegaly. No hepatomegaly

Back: No spinal tenderness. No costovertebral tenderness. Full range of motion.

**Skin:** Warm and dry with excellent turgor, capillary refill <2 seconds. No cyanosis, pallor, rash or edema. **MS/ Extremity:** Pulses equal, no cyanosis. Neurovascular intact. Full, normal range of motion. Normal strength and muscle tone. Joints are stable. No acute changes in digits or nails.

**Neuro:** Awake and alert, GCS 15, oriented to person, place, time, and situation. Cranial nerves II-XII grossly intact. Motor strength 5/5 in all extremities. Sensory grossly intact. Cerebellar exam normal.

Psych: Behavior, mood, response, and affect are appropriate for age.

**Constitutional:** The patient appears Blood pressure, pulse, respirations and temperature noted, awake, alert, well developed, well groomed, well nourished, pleasant, non-toxic, afebrile.

ENT: TM's: are normal, no evidence of bulging, no dullness. no erythema, no fluid levels, no hemotympanum, no rupture, Nose: External nose: no obvious acute abnormality, Nasal septum: is midline, bleeding, is not appreciated, nasal drainage, that is moderate, and is seen coming from both nares, that is clear, that is thin, Posterior pharynx: is normal, airway is patent, no erythema, no exudate, no peritonsilar mass, no pooling of secretions, no swelling, Voice: is normal.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
11:19		4.701	. S Skirt tra . S	99.1(R)	97%	12.33 kg / 27 lbs 3 oz	37 in. (94 cm)	0/10	sd4
12:15		162	28		99% on R/A			0/10	sh1
12:23		152	24		99% on R/A			0/10	sh1

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
11:19	spontaneous(4)	oriented(5)	obeys commands(6)		15	sd4

#### MDM:

12:09 klb2

**Data reviewed:** vital signs, nurses notes, and as a result, I will continue to observe the patient, order radiologic study(s), plain X-ray(s).

Data interpreted: Pulse oximetry: normal.

12:16 I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

Data reviewed: radiologic studies, plain films.

12:18 Patient medically screened.

mjs

Order	Status	Time	Ву	For			
Chest 2 View *routine*	Ordered	12/24/15 11:32	sh1	mjs			
	Returned	Returned 12/28/15 08:14 Dispatcher MedH					
Notes: Bed Name: 9	Order Method: Verbal - Read back						
	Sign off: Sullivan, Michael 12/24/15 12:11						
Interpretation: no acute processes.							
ER EXAM ROOM/BED: (OERDERRMBD): 9							
MODE OF TRANSPORTATION : (OERDTRANS):	STRETCHER		•				

Name: Aaliyah

Print Time: 10/1/2019 12 52.41

MRN: 1116206 Account#: K31858327

Page 2 of 3

DEACON FOR EV	lo AM: (OERDEXAM): Cold Symptoms							
	AM. (CERDEXAM). Cold Symptoms	Status	Time	Ву	For			
Order Call X-Ray Tech		Ordered	12/24/15 11:32	sh1	mjs			
Dan A-Nay Tech		Completed	12/24/15 11:32	Steven	Clinger			
Notes:		Order Method: Verbal - Read back						
		Sign off: Sullivan	, Michael 12/24/15 12:1	12:11				
Order		Status	Time	Ву	For			
Albuterol 1 unit dose Inhalation once		Ordered	12/24/15 11:37	sh1	mjs			
		Administered	12/24/15 11:42	sh1				
Notes:		Order Method: V	erbal - Read back					
		Sign off: Sullivan, Michael 12/24/15 12:11						
12/24/15 11:42	Administered: Albuterol 1 unit dose Inha	lose Inhalation sh1						
12/24/15 12:00	Follow Up: Response: No Adverse Read decreased has improved air movement	ction; Respiratory status	s improved; wheezing h	as	sh1			

Order Signatures:

Sullivan, Michael, MD

MD mjs Hovingh, Sue. RN

RNsh1

Disposition:

12:09 This chart was scribed by Barlow, Kerri, Scribe. in the presence of Michael Sullivan MD.

klb2

12:16 Electronically signed by: Michael Sullivan M.D.

mjs

## Disposition:

# 12/24/15 12:18 Discharged to Home/Self Care. Impression: Upper Respiratory Infection (URI).

- · Condition is Stable.
- Discharge Instructions: Upper Respiratory Infection (URI), Child.
- Prescriptions for
  - Zithromax 100 mg/5 ml Oral Suspension for Reconstitution
- take 6 milliliter by ORAL route one time for 1 day then take (5mg/kg/day) 3 milliliters by oral route days 2,3,4,5.; 18 milliliter.
- Follow up: scott Allen; When: Next week.
- · Problem is new.
- Symptoms have improved.

# Signatures:

Clinger, Steven, RN

RN smc Sullivan, Michael, MD David, Syndee, RN

MD mis RN sd4

Hovingh, Sue, RN Barlow, Kerri, Scribe

Scribe klb2

sh1

RN

MRN: 1116206 Account#: K31858327

Page 3 of 3

Name: Aaliyah

Print Time 10/1-2019 12.52 41

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## Nurse's Notes

Name: Aaliyah

Age: 2 yrs Sex: Female DOB: 10:01 2013 Arrival Date: 12/24/2015 Time: 11:18

Bed 9

# Willis Knighton South

sd4

sd4

sd4

sd4

sd4

sd4

MRN: 1116206 Account#: K31858327 Private MD: Allen, scott

#### Presentation:

12/24 11:19 Method of Arrival: Carried.

11:19 Preferred language for medical communication is English. Presenting complaint: Mother states: that daughter has runny nose, cough, sneezing and fever since yesterday. She is also wheezing. Person Transporting: Parent. Transition of care: patient was not received from another setting of care.

11:20 Acuity: 4 - Semi-Urgent.

11:24 Acuity: 3 - Urgent.

Triage Assessment:

11:19 General: Appears in no apparent distress, well developed, well nourished, Behavior is cooperative, appropriate for age, pleasant, mobility; ambulates without assistance. Pain: Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10.

Historical:

• Allergies: No known drug Allergies;

Home Meds:

1. Albuterol Nebulizer as needed

PMHx: .None PSHx: None Historical:

11:23 Family history: No immediate family members sd4 are acutely ill. Immunization history: Childhood immunizations up to date. Social history: The patient lives with family the patient is a minor.

12:09 The history from nurses notes was reviewed klb2

and confirmed.

Screening:

11:19 Abuse screen:

Denies threats or abuse.

Patient fall risk assessment:

risks identified; is of toddler age, Intervention for positive screen: parent/caregiver holding child, teaching provided regarding fall risk, with verbalized understanding.

Learning Barriers:

age barrier identified, caregiver ready and willing to learn.

Pedi Fall Risk None Identified.

Exposure risk/Travel Screening: None identified. Has not been out of the country.

Assessment:

11:28 Pain: Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. General: Appears in no apparent distress, well developed, well nourished, well groomed. Behavior is cooperative, appropriate for age, mobility; ambulates without assistance. Neuro: Level of Consciousness is alert, awake, obeys commands, Oriented to person, place, time, Pupils are PERRLA. EENT: No deficits noted. Cardiovascular: Capillary refill < 3 seconds is brisk Heart tones S1 S2 present. Respiratory: Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical, Airway is patent Breath sounds with wheezes upon inhalation, upon exhalation, bilaterally. Parent/caregiver reports the patient having GRANDMOTHER REPORTS PT HAS BEEN WHEEZING SINCE YESTERDAY WITH A COUGH SNEEZING FEVER AND RUNNY NOSE GRANDMOTHER REPORTS " WHEN SHE STAYS WITH ME I GIVE HER BREATHING TREATMENTS EVERY DAY WHEN SHE STAYS WITH HER MOTHER HER MOTHER DOESN'T GIVE HER HER BREATHING TREATMENTS EVERY DAY AND SHE STAYS SICK ALL THE TIME HER LAST BREATHING TREATMENT THAT HER MOTHER GAVE WAS LAST TUESDAY ". Gastrointestinal: Abdomen is flat, non- distended Bowel sounds present X 4 quads. Genitourinary: Parent/caregiver reports the patient having normal urinary habits. Dermatologic: Skin is intact, is healthy with good turgor, Skin is pink, warm & dry. black. Musculoskeletal: No deficits noted. Capillary refill < 3 seconds is brisk Range of motion intact in all extremities. Circulation, motion, and sensation intact. Injury Description: denies injury.

11:48 Pain: level that is acceptable is 0 out of 10 on a pain scale.

sh1

sh1

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
11:19		3,7	:1	99.1(R)	97%	12.33 kg /	37 in. (94	0/10	sd4
			भ ागान			27 lbs 3 oz	cm)		
12:15		162	28		99% on R/A			0/10	-
12:23		152	24		99% on R/A			0/10	sh1

#### Vitals:

11:19 Acuity: 3 - Urgent.

sd4

11:28 Body Mass Index = 13.95.

sh1

Glasgow Coma Score:

Time	Eve Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
11:19	spontaneous(4)	oriented(5)	obeys commands(6)		15	sd4

#### ED Course:

11:18 Patient arrived in ED.	ms2	
11:18 Patient moved to KIOSK.	ms2	
11:19 Allen, scott is Private Physician.	sd4	
11:24 Triage completed.	sd4	
11:24 Patient moved to Waiting.	sd4	
11:28 Hovingh, Sue, RN is Primary Nurse.	sh1	
11:28 Patient moved to 9.	sh1	
11:28 No apparent distress. Resting quietly. Awaiting ED physician evaluation.	sh1	
11:36 Sullivan, Michael, MD is Attending Physician.	mjs	
11:48 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Call light in reach. Instructed to call for assist when getting up, verbalized understanding. Patient has correct armband on for positive identification. Adult with patient. Child being held by parent.	sh1	
12:00 No apparent distress. Resting quietly, resp easy non labored breathing easy.	sh1	
12:17 Allen, scott is Referral Physician.		
12:25 No procedures done that require assistance.	sh1	

#### Administered Medications:

Time	Drug & Dose  Oispensable & Quantity	Volume	Route	Rate	Infused Over	Site	Delivery	
11:42	Albuterol 1 unit dose		Inhalation					sh1
12:00	Follow up: Response: No Adverse Reaction; Respiratory status improved; wheezing has decreased has improved air movement						eased	sh1

#### Outcome:

12:18 Discharge ordered by MD.

mjs sh1

12:23

Discharged to home, carried, with family. Discharge instructions given to Mother Grandmother Instructed on discharge instructions, follow up and referral plans, medication usage, continue breathing treatments Demonstrated understanding of instructions, medications, to continue breathing treatments Prescriptions given; 1, No questions or concerns expressed to me at discharge. Work excuse given for 0day(s). School

Name: Aaliyah

Print Time, 10/1/2019 12:52 48

MRN: 1116206 Account#: K31858327

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# Nurse's Notes Con't

excuse given for 0day(s). **Medication reconcilliation form provided. Med Effects:** Effects of administered medications were addressed. **Oxygen use:** Oxygen use not applicable.

12:25 Electronic medical record closed.

sh1

Signatures:

Sullivan, Michael, MD Scriptuser, MEDHOST MD mjs ms2 Hovingh, Sue, RN David, Syndee, RN

RN sh1 RN sd4

Barlow, Kerri, Scribe

Scribe klb2

MRN: 1116206 Account#: K31858327

Page 3 of 3

Name: Aaliyah

Print Time: 10/1/2019 12/52:48

WILLIS-KNIGHTON SOUTH

Account: K31858327
Patient:

Order Dr: Sullivan, Michael J M.D.

EPI: 00000001116206

XR REPORT REG ER

DOB: 10/01/13

Final Report

Admitting Diagnosis: COLD SYMPTOMS

Reason For Exam: Cold Symptoms Interpretive Location: KBURGIN

Procedure Date: 12/24/2015 Accession Number: 3015025

Procedure: SXR - XR, chest 2 view CPT Code: 71020

IMPRESSION: No acute process

RESULT: XR, chest 2 view

Clinical Information: Cold Symptoms

Comparison: 11/2/2015

Findings: Cardiomediastinal silhouette normal. Trachea midline. No perihilar opacity or confluence consolidation present. No pneumothorax or pleural effusion seen. Osseous structures normal. Visualized upper abdomen normal.

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RUN DATE: 12.4/15 RUN TIME: 1128 RUN USER: BELLE.AM Illis Knighton outh \*ADMISSIONS
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT



PAGE 1

Name:

L Serv/Locn: ERS DOB: 10/01/13 Status: ER Age: 2Y 02M Sex: F

Unit#: K000629604

Account#: K31858327

EPI#: 00000001116206

Interdisciplinary Assessment (Free Text), historical data:

Acknowledgement:

Last Update/

Allergy1-Med/Contact:

11/03/15 - 1358

NKDA

Rm/Bd:

Allergy2-Med/Contact:

11/03/15 - 1358

NKDA

Food Allergies-Intol:

11/03/15 - 1358

NONE

Latex Allergy (Y/N):

11/03/15 - 1358

N

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories:

11/05/15

Ingredient, Generic and Class allergy codes.)

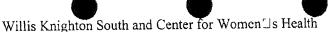
NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

10/01/13 2Y 02M

Sullivan, Michael J K31858327

12/24/15

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record



# Willis Knighton South

2510 Bert Kouns Industrial Loop Shreveport, LA 71118 318-212-5500

Discharge Instructions for:

Arrival Date: Care Complete Time: 12/24/15 11:18

12/24/15 12:18

Thank you for choosing Willis Knighton South for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by:

Sullivan, Michael, MD

Diagnosis:

Upper Respiratory Infection (URI)

DISCHARGE INSTRUCTIONS	FORMS	
Upper Respiratory Infection (URI), Child	None	
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS	
Allen, scott When: Next week	Zithromax	
SPECIAL NOTES		
continue the breathing treaments at home.		

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).

MRN # K000629604

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

**Chart Copy** 

152 24 998

10/01/13 Sullivan, Michael J K31858327

12/24/15

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Allen, scott

When: Next week

## **PRESCRIPTIONS**

Zithromax 100 mg/5 ml Oral Suspension for Reconstitution

Take 6 milliliter by ORAL route one time for 1 day then take (5mg/kg/day) 3 milliliters by oral route days 2,3,4,5.; 18 milliliter

## **TESTS AND PROCEDURES**

Labs

None

Rad

Chest 2 View \*routine\*

**Procedures** 

None

Other

Call X-Ray Tech

10/01/13 2Y 02M Sullivan, Michael J K31858327

12/24/15









- ASSIGNMENT OF BENEFITS

  1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.
- 2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.
- 3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyegfasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.
- 4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.
- 5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment. WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 12/24/15

Admission Time: 1118



10/01/13 2Y Sullivan, Michael J M.D. K31858327 12/24/15

AM3349\_1 Page 1 of 2



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#### **ASSIGNMENT OF BENEFITS**

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection. Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one—third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

- 6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense. I will be responsible to said physicians for payment of the entire bill.
- 7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.
- 8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.
- 9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

·	Date/Time 1118  te that I have been given the	Witness Print Nan Print Nan Pauthority to sign fo	3001 I
·	te that I have been given the	e authority to sign fo	r
d or implied and that	t he or she is fully aware of	this authority.	
Date/Time	Witnes	ss	Date/Time
		L	

Sullivan, Michael J M.D. K31858327 12/24/15



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d: 11/03/2015



MULS-HALGHTON HEALTH SYSTEM



# **FACESHEET**

	**************************************
WILLIS-KNIGHTON SOUTH SHREVE	PORT, LA
ADMITTING DIAGNOSIS:	Code
PRINCIPAL DIAGNOSIS:	
OTHER DIAGNOSES:	
OPERATIONS/OTHER PROCEDURES: Date	
<u> </u>	
DISCHARGE Routine AMA SNF/HRF HHA LENGTH OF STAY Physician's Signature STATUS: Expired Autopsy OTHER DAYS	Date
Account No. Reference Account No. Reference Account No. Reference Account No. Reference No. Referenc	(000629604
Type ADM IN Location/Service PED Subscriber DOB	
Last INP DATE Last Discharge Date Social Security Number	-minute of
Name Date of Birth 10/01/13 Age 2Y	Sex F
Street 2247 LEGARDY STREET Race BLACK OR AFRICAN A	
City/State/Zip SHREVEPORT,LA 71107 Marital Status SINGLE Home Phone (318)210-3821 Religion NO RELIGION	
County CADDO PARISH	
Name CHILD Name ALEXANDER, JENNIFER	
Street Street 2247 LEGARDY STREET	
Phone • Occupation CHILD Phone (318)210-3821 Relation	
ALEXANDER JENNIFER	C. 180 C. S. S. S. S. S.
Name ALEXANDERIOR STREET Street 2247 LEGARDY STREET	
City/State/Zip SHREVEPORT,LA 71107 City/State/Zip SHREVEPORT,LA 71107	ship: M
Priorie (318)210-3621 358 435-36406	Maria - Maria
Name JOHNSON'S CARE Accident Date Arrival Mode C	
Street 4038 MARRON PLACE Prim Care Phy Allen, Larry M.M.D.  Chry(Frete/Zin CupevEndor) 1 A 71100 Attend. Phy Tran, Sharon N.M.D.	
Phone (318)631-7714 Other Phys. Tran, Sharon N.M.D.	
LA HLTHCARE CONN LA ME 1997280409012	<del></del>
V144016	
Is this Patient Here for Pre-Op Testing:  Admit Clerk: SAFFED2.A	
Comment:  Notice Given: Y Date Notice Given: 09/23/14 MEDB Eligible:	
Reason for Visit: FEBRILE ILLNESS-PYREXIA	
Preferred Language: ENGLISH Ethnicity: NHLAT  Known Drug Allergies: NKDA Patient: Survey: N	





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W\				Duran and Made	
	KNIGHTON HEALTH'S	:	ediatric Hospitalist Name:	/ //	immy
				new problems/complaints	The state of the s
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			*		
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2 Remarks	clerki	nonh-			icosa moist  Pharynx normal
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_} Masses	☐Remarks _	DCumeria ZC	anillary rafill loss than 2	seconds D Edema	DPulses
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Physician S	Signature	/ /Date/	Time 1	7140101	STATE OF THE STATE
-	Tran, M.D. (294	(4) 🗆 Greg Oji,	M.D.(2977)		
	-				

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HENDERSON L 10/01/13 2Y 01M Tran, Sharon N M.D. K.E5518 K31687676



# Pediatric Hospitalist History and Physical

Patient Name:	Date: 13/5 Time:
PCP: LSU	Source of Information Minn of Grandwish
Chief Complaint: Lahred by	cathing, four, com
Ulatani of Brazant Illnoos	•
2 4/0 famile presented	to LKS ER & labred breaking ough, form.
annamous regers at a	evelopped onthe trumphose well week ago.
when the development	where for (tackle) & labored heating.
The was taken to ex. In	to LKS EX & labored breating, augh, fun. evelopped ongh & Russy nose luck ago. whering, four (tackle) & labored breatingOR, pt vas Orsat 8570 mRX & tachyronic, where
Town: 101. lab ank Ame	d WKC: 22k Pt was olub sequently
admitted to futur con	. Ald Diappetite Diretdiaps
Past Medical/Birth History: Unre	emarkable (1) Other RAD? whered in the past once
Past Surgical History:	
Allergies: NKDA D Other	
Immunizations: UTD   Other	
Family History: Noncontributory	Other
· · · /	n earents
	M.New
Other	
Home meds: \$	



10/01/13 2Y 01M

10/01/13 2Y 01M Tran, Sharon N M.D. K.E5518 K31687676 11/03/15

114. IE MFIE 1'8 25 MI F(# 11945 WI WEHE W) W 1.19 WIF

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Willis-Knichton Health System  Pediatric Hospitalist History and Physical continued
General: □ None ☑ Fever ☑ Decreased appetite/oral Intake □ Decreased activity □ Fussy □ Other
HEENT: ☐ None ☐ Head injury ☐ Red/Swollen eyes ☐ Eye d/c ☐ Runny nose ☐ Congestion ☐ Earache ☐ Ear d/c
□ Sore throat □ Other □
Cardiovascular: None Cyanosis Chest pain
Respiratory: None Cough SOB Wheeze Other
GI: ☐ None ☐ Vomiting ☐ Diarrhea ☐ Constipation ☐ Abd pain ☐ Bloody stools ☐ Other
Hematology: ☐ None ☐ Easy bruising ☐ Epistaxis ☐ Other
Neuro:- None ☐ Headache ☐ Syncope ☐ Seizures ☐ LOC ☐ Other
GU: ☑ None ☐ Decreased urine ☐ Dysuria ☐ Discharge ☐ Other
Physical Exam:
Vitals: Temp 98.2 HR 159 RR 32 02 sat 100 RAWI 11.7 kg
General: □ Well-hydrated □ WN ☑ NAD ☑ Nontoxic □ Remarks
HEENT: Normocephalic atraumatic □ Anterior fontanelle open & flat □ PERRL □ Conjunctiva clear □ No rhinorrhea/congestion □ Nasal flaring □ Tempanic membranes normal bil □ Nasal flaring □ Tempanic membranes normal bil □ Nasal flaring □ Pharynx normal □ Remarks □ (La Airache, B) □ (La Airache)
Neck: ☐ Normal ☐ Supple ☐ No rigidity ☐ Adenopathy ☐ Masses ☐ Jugular vein distention ☐ Remarks
Heart: □ Normal ☑ S1S2 □ RRR □ Murmur □ Remarks
Lungs: ☐ Normal ☐CTA bil ☐ Unlabored Air movement: ☐ good ☐ fair ☐ poor ☐ Wheeze (end expiratory/inspiratory)
Abdomen: ☐ Normal ☑ Soft ☑ Non-tender ☐ Non-distended ☑ Normal active bowel sounds ☐ Hepatosplenomegaly ☐ Masses ☐ Remarks
Extremities:  Normal Cyanosis Capillary refill less than 2 seconds Edema Pulses Remarks
Musculoskeletal: ☐ Normal ☐ Joints full ROM ☐ Pain ☐ Contractures ☐ Weakness ☐ Remarks
Skin: Normal Rash Remarks
Neuro: Normal/nonfocal Zawake Zalert Directed Times 3 Directable Diseased CN 2-12 intact
Remarks
GU: ☑ Normal male/female genitalia Testes descended: ☐ Right ☐ Left
□ Remarks

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10/01/13 2Y 01M Tran, Sharon N M.D. K.E5518 K31687676 11/03/15

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# Pediatric Hospitalist History and Physical continued

LAB:   Reviewed   Abnormals	Ca Q.B		Segs nun 69
5.4 25 6.43 (52	Alb AstAlt Alk/Phos 21	35 (0)	BandsLymphs
SCXR increased perhita ma	Mys BIL & Cultures BI	sod pending	
Other:			
Plan: See orders Continue medical ma IV Fluids Discussed assessment IV antibiotics: Roughin, 7th	& plan with   Patient	O2, Respiratory Therapy Family	Alb nebs
□ Consults: □ Remarks: 2 y/o fende 5	RAD, Rbrile illness,	B/L AOM, act	hyperia, s/p
Physician Signature Da	330 productions of the state of	· · · · · · · · · · · · · · · · · · ·	

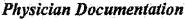




10/01/13 2Y 01M Tran, Sharon N M.D. K.E5518 K31687676 11/03/15

1159

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Name: Aaliyah

Age: 2 years Sex: Female DOB: 10/01/2013 Arrival Date: 11/02/2015 Time: 22:27

**Bed Holding** 

Willis Knighton South

MRN: K000629604 Account#: K31687676 Private MD: Allen, dr.

HPI:

11/02 This 2 years old Black Female presents to ED via Ambulatory with complaints of <u>Cold Symptoms</u>.

et3

22:54 The patient presents to the emergency department with congestion, with nasal discharge, that is moderate, et3 cough, described as moderate, fever, with an emergency department temperature of 101 degrees Fahrenheit, rhinorrhea, wheezing, described as mild. Onset: The symptoms/episode began/occurred today. Associated signs and symptoms: Pertinent positives: congestion, cough, fever, nasal discharge, shortness of breath, wheezing, Pertinent negatives: abdominal pain, constipation, diarrhea, earache, seizure, sore throat, vomiting. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by nothing. Treatment prior to arrival: none. The patient has experienced a previous episode. The patient has not recently seen a physician.

Historical:

· Allergies: No known Allergies;

· Home Meds:

1. No Home Medications

PMHx: None
 PSHx: None
 Historical;

22:39 Family history: Father has/had no known health problems. Mother has/had no known health problems. Immunization history: Childhood immunizations up to date. Social history: The patient lives at home with family the patient is a minor.

spf1

22:54 History obtained from mother. The history from nurses notes was reviewed and confirmed.

et3

#### ROS:

22:54 Eyes: Negative for injury, pain, swelling, redness, and discharge, Neck: Negative for injury, pain, stiffness, swelling Cardiovascular: Negative for edema Abdomen/GI: Negative for abdominal pain, nausea, vomiting, diarrhea, hematochezia, melena, anorexia, dysphagia, injury, distention, and constipation, Back: Negative for Injury, deformity, decreased range of motion, and pain, GU: Negative for injury, bleeding, discharge, and swelling, MS/Extremity: Negative for injury, pain, swelling, decreased range of motion Skin: Negative for injury, rash, swelling, lesions, and discoloration, Neuro: Negative for altered mental status, weakness, and seizure, Psych: negative for acute changes. Constitutional: Positive for coughing, fever, shortness of breath, Negative for chills, obvious distress, acute pain, poor PO intake, vomiting, ENT: Positive for nasal discharge, minormea, sinus congestion, Negative for difficulty handling secretions, difficulty swallowing, pulling at ears, sinus pain, sore throat, tinnitus, dental pain, Respiratory: Positive for cough, "sounds productive", shortness of breath, wheezing, Negative for hemoptysis, orthopnea, pleurisy,

22:56 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned et3 below.

Exam:

22:56

Head/Face: Normocephalic, atraumatic.

Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Conjunctive and sclera are non-icteric and not injected. Comea within normal limits. Periorbital areas with no swelling, redness, or edema.

ENT: Nares patent. No nasal discharge, no septal abnormalities noted. Tympanic membranes are normal and external auditory canals are clear. Oropharynx with no redness, swelling, or masses, exudates, or evidence of obstruction, uvula midline. Mucous membrane moist and pink

Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meninglamus, Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

\*\*\* CHART COMPLETE \*\*\*

Page 1 of 8

et3

# Physician Documentation Con't.

Chest/axilla: Normal symmetrical motion. No tenderness. No crepitus. No axillary masses or tenderness. Abdomen/GI: Soft, non-tender with normal bowel sounds. Non-distended, no masses. No organomegaly. No guarding or rebound. No hemia noted

Back: No spinal tenderness. No costovertebral tenderness. Full range of motion.

Skin: Warm and dry with excellent turgor, capillary refill <2 seconds. No cyanosis, pallor, rash or edema. MS/ Extremity: Pulses equal, no clubbing, cyanosis or edema. Neurovascular intact. Full range of motion without pain

Neuro: Awake and alert, GCS 15, oriented to person, place, time, and situation. Cranial nerves II-XII grossly intact. Motor strength 5/5 in all extremities. Sensory grossly intact. Cerebellar exam normal. Normal gait and speech for age

Psych: Behavior, mood, response, and affect are appropriate for age.

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted, awake, alert, well developed, well hydrated, well nourished, non-diaphoretic, non-toxic, febrile.

Cardiovascular: Rhythm is sinus tachycardia Pulses: equal and symmetrical bilaterally, in the upper extremities, in the lower extremities, Heart sounds: normal, normal S1and S2, no S3 or S4, no murmur, no rub, no gallop, Edema: is not appreciated.

Respiratory: moderate respiratory distress is noted,

Respirations: labored breathing, is not present, asymmetrical chest movement, is not seen, accessory muscle usage, is absent, grunting, is not present, nasal flaring, is not appreciated, paradoxical chest movement, is absent, prolonged exhalation, is not present, pursed lip breathing, is not present, intercostal retractions, that is moderate, shallow respirations, are not present, splinting, is not noted, tachypnea, is appreciated

Breath sounds: rales, are not appreciated, rhonchi, are not appreciated, crackles, are not appreciated, wheezing, that is moderate, is scattered, is heard diffusely, bronchial sounds, are not appreciated, decreased breath sounds, are not appreciated, stridor, is not appreciated,

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
22:34	<u> </u>	184	34	i.	85% on R/A	11.79 kg / 25 lbs 16 oz	34 in. (86 cm)	6/10	jmh
22:39	· , ,		1	101.0(R)					spf1
22:43		189	52						spf1
22:47					100% on 5% Aerosol Mask				spf1
23:09		201	40		98% on 1.5 lpm NC				lt3
23:35		197	40		100% on 1.5 lpm NC				lt3
11/03 00:16		172	28		100% on 1.5 lpm NC	·			spf1
00:22				100.5(R)		,		]	spf1
01:05				·	100% on 1,5 lpm NC				spf1
01:12		161							spf1
01:32				99.9(R)					spf1
02:06		172	32		100% on 1.5 lpm NC				lt3
02:35					100%				lt3
03:04		154	32		100% on 1.5 lpm NC				spf1
04:45		145	32		100% on 1.5 lpm				spf1

Name: Aaliyab MRN: K000629604 Account#: K31687676

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# Physician Documentation Con't.

					NC .		1	
06:10	132 / 51	167			100% on 12% Aerosol Mask			mg3
06:47		161	34	98.6(R)	97%			mg3
07:00					100%			jcm
07:15				ľ	100%			jcm
07:30		156	32		99% on 2 lpm NC		0/10	jcm
07:45					100%			jcm
08:00					100%			jcm
08:15					100%			jcm
08:30					98%			jem
08:45					98%			jcm
09:10					99%			jcm
09:20					98%			jcm
09:30	<u> </u>				99%			jcm
09:40			1		99%			jcm
10:00			1		100%			jcm
10:15	· · · · · · · · · · · · · · · · · · ·				100%			jcm
10:30					100%			jcm
10:34	<u> </u>	134	32		100% on 2 lpm NC			jcm
12:42		154	26	<u> </u>	100% on 2 lpm NC		0/10	jcm
			1	<u> </u>		<u> </u>	1	<u> </u>

07:30 FLACC (infant-toddler) 06:10 pt crying during vitals

jcm mg3

Glasgow Coma Score:

Glasyo	W Collia Scole.					
Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
11/02	spontaneous(4)	oriented(5)	obeys commands(6)		15	jmh
22:34						1 1

MDM:

22:59

et3

Data reviewed: vital signs, nurses notes, and as a result, I will continue to observe the patient, order radiologic study(s).

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, radiology results, the need for further work-up and treatment in the hospital.

11/03

ер

03:28 Differential diagnosis: bacterial infection, bronchitis, fever, pneumonia URI, viral infection. I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

Data reviewed: lab test result(s), radiologic studies, plain films.

Data interpreted: Pulse oximetry: Interpretation: hypoxla.

Counseling: I had a detailed discussion with the patient and/or guardian regarding: lab results.

03:29 Patient medically screened.

ер

-	Order	Status	Time	Ву	For
-					

Name: Aaliyah

MRN: K000629604 Account#: K31687676

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Print Time: 11/4/2015 15:08:08









# Physician Documentation Con't.

DuoNeb 1 unit dose Inhalation once	Ordered	11/02/15 22:41	jaw1	ер		
	Administered	11/02/15 22:42	jawf			
Notes:	Order Method: Ve					
	Sign off: Paul, Ed	ward, MD 11/02/15 23:	10			
11/02/15 22:42 Administration: DuoNeb 1 unit dose in	halation		AND THE PERSON NAMED IN COLUMN	jaw1		
11/02/15 22:50 Follow Up: Response: No Adverse Re	action; Respiratory status	unchanged		lt3		
Order	Status	Time	Ву	For		
Tylenol - Acetaminophen Suppository 160 mg PR once	Ordered	11/02/15 22:43	mg3	ер		
	Administered	11/02/15 22:49	spf1			
Notes:	Order Method: Vo					
	Sign off: Paul, Ed	ward, MD 11/02/15 23:	10			
11/02/15 22:49 Administration: Tylenol - Acetaminopi	nen Suppository 160 mg	PR		spf1		
11/03/15 00:15 Follow Up: Response: Temperature is	decreased		was a bloom of the shift of the	spf1		
Order	Status	Time	Ву	For		
DuoNeb 1 unit dose Inhalation once	Ordered	11/02/15 22:49	mg3	ер		
	Administered	11/02/15 22:53	mg3			
Notes:	Order Method: Verbal - Read back					
	Sign off: Paul, Ed	lward, MD 11/02/15 23:	10			
11/02/15 22:53 Administration: DuoNeb 1 unit dose in	halation			mg3		
11/02/15 23:00 Follow Up: Response: No Adverse Re	action; Respiratory status	s unchanged		lt3		
Order	Status	Time	Ву	For		
Call X-Ray Tech	Ordered	11/02/15 22:52	cc1	ер		
· · · · · · · · · · · · · · · · · · ·	Completed	11/02/15 23:21	Griggs,	Melissa, RN		
Notes:	Order Method: Verbal - Read back					
	Sign off: Paul, Edward, MD 11/02/15 23:10					
Order	Status	Time	Ву	For		
Chest Xray Portable 1 View	Ordered	11/02/15 22:52	cc1	ер		
	Returned	11/03/15 00:20	Cook, T	ara, RT		
Notes: Bed Name: 1	Order Method: V					
	Sign off: Paul, Edward, MD 11/02/15 23:10					
SPECIFIC TIME TO BE DONE: (OERDSPECTI): STAT	*	•				
ER EXAM ROOM/BED: (OERDERRMBD): 1		The second second second second second second second second second second second second second second second se		· <del>-</del>		
is the patient able to bear weight? (OERDBEARWT):						
is the patient at risk for falls? (OERDFALLS):	TALIFA					
MODE OF TRANSPORTATION : (OERDTRANS): STRE	IUHEK			<del>, , , , , , , , , , , , , , , , , , , </del>		
O2: (OEADO2): No						
REASON FOR EXAM: (OERDEXAM): Cold Symptoms		¥2	D.,	E		
Order	Status	Time 44/00/45 22:56	By	For		
COLLUME DE ma R/D anno	Ordered	11/02/15 22:56	spf1	ep		
SOLU-MEDrol 25 mg IVP once	A along to 7 - 1 - in al	しょんけいりょくせ のつ・ハウ	1 14 72			
Notes:	Administered	11/02/15 23:08 erbal - Read back	нз			

Name: Aaliyah

Print Time: 11/4/2015 15:08:08

MRN: K000629604 Account#: K31687676

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Landa and A. A. A. A. A. A. A. A. A. A. A. A. A.		ward, MD 11/02/15 23:		НЗ
11/02/15 23:08 Administration: SOLU-MEDro				· · · · · · · · · · · · · · · · · · ·
11/02/15 23:34 Follow Up: Response: No Adv	erse Reaction			lt3
Order	Status	Time	Ву	For
CBC With Diff	Ordered	11/02/15 23:09	ер	ер
	Reviewed	11/03/15 00:49	Paul, E	dward, MD
Notes:	Order Method: E	lectronic		
Interpretation: leukocytosis.				
COLLECTED BY NURSE? (Y/N) (DELECEN): NO	D.			
Comments: (OEMICCOM):				
Ordering Location: ERNPC1.1				
Quantify 1: 1				
Order	Status	Time	Ву	For
Chem 8	Ordered	11/02/15 23:09	ер	ер
	Reviewed	11/03/15 00:49	Paul, E	dward, MD
Notes:	Order Method: E	lectronic		
Interpretation: no abnormality of clinical significance			·	
COLLECTED BY NURSE? (Y/N) (OELBCBN): No	<b>)</b>			
Comments: (OEMICCOM):				
Comments: (OEMICCOM): Ordering Location: ERNPC1.1				
Comments: (OEMICCOM):				
Comments: (OEMICCOM): Ordering Location: ERNPC1.1 Quantity 1: 1 Order	Status	Time	Ву	For
Comments: (OEMICCOM): Ordering Location: ERNPC1.1 Quantity 1: 1	Status Ordered	11/02/15 23:12	lt3	For ep
Comments: (OEMICCOM): Ordering Location: ERNPC1.1 Quantity 1: 1 Order	Status Ordered Administered	11/02/15 23:12 11/02/15 23:19		
Comments: (OEMICCOM): Ordering Location: ERNPC1.1 Quantity 1: 1 Order	Status Ordered Administered Order Method: Vo	11/02/15 23:12 11/02/15 23:19 erbal - Read back	lt3 spf1	
Comments: (OEMICCOM): Ordering Location: ERNPC1.1 Quantity 1: 1 Order DuoNeb 1 unit dose Inhalation once	Status Ordered Administered Order Method: Vo	11/02/15 23:12 11/02/15 23:19	lt3 spf1	eb
Comments: (OEMICCOM): Ordering Location: ERNPC1.1 Quantity 1: 1 Order DuoNeb 1 unit dose Inhalation once	Status Ordered Administered Order Method: Vo	11/02/15 23:12 11/02/15 23:19 erbal - Read back	lt3 spf1	
Comments: (OEMICCOM): Ordering Location: ERNPC1.1 Quantity 1: 1 Order DuoNeb 1 unit dose Inhalation once Notes: 11/02/15 23:19 Administration: DuoNeb 1 unit	Status Ordered Administered Order Method: Vo	11/02/15 23:12 11/02/15 23:19 erbal - Read back Iward, MD 11/03/15 00:0	lt3 spf1	eb
Comments: (OEMICCOM): Ordering Location: ERNPC1.1 Quantity 1: 1 Order DuoNeb 1 unit dose Inhalation once Notes: 11/02/15 23:19 Administration: DuoNeb 1 unit	Status Ordered Administered Order Method: Volume Sign off: Paul, Edit dose Inhalation	11/02/15 23:12 11/02/15 23:19 erbal - Read back Iward, MD 11/03/15 00:0	lt3 spf1	ep spf1
Comments: (OEMICCOM): Ordering Location: ERNPC1.1 Quantity 1: 1 Order DuoNeb 1 unit dose Inhalation once Notes: 11/02/15 23:19 Administration: DuoNeb 1 unit 11/02/15 23:34 Follow Up: Response: No Adv. Order	Status Ordered Administered Order Method: Velocity Sign off: Paul, Educate to the Company of the	11/02/15 23:12 11/02/15 23:19 erbal - Read back Iward, MD 11/03/15 00:0	lt3 spf1	spf1
Comments: (OEMICCOM): Ordering Location: ERNPC1.1 Quantity 1: 1 Order DuoNeb 1 unit dose Inhalation once Notes:  11/02/15 23:19 Administration: DuoNeb 1 unit 11/02/15 23:34 Follow Up: Response: No Adv	Status Ordered Administered Order Method: V Sign off: Paul, Ed t dose Inhalation erse Reaction; Respiratory status Status Ordered In Process	11/02/15 23:12 11/02/15 23:19 erbal - Read back Iward, MD 11/03/15 00:0 s improved	It3 spf1  D6  By ep	spf1 lt3 For
Comments: (OEMICCOM): Ordering Location: ERNPC1.1 Quantity 1: 1 Order DuoNeb 1 unit dose Inhalation once Notes: 11/02/15 23:19 Administration: DuoNeb 1 unit 11/02/15 23:34 Follow Up: Response: No Adv. Order Neck Soft Tissue	Status Ordered Administered Order Method: V Sign off: Paul, Ed t dose Inhalation erse Reaction; Respiratory status Status Ordered	11/02/15 23:12 11/02/15 23:19 erbal - Read back Iward, MD 11/03/15 00:0 s improved Time 11/03/15 00:06 11/03/15 00:21	It3 spf1  D6  By ep	spf1 lt3
Comments: (OEMICCOM): Ordering Location: ERNPC1.1 Quantity 1: 1 Order DuoNeb 1 unit dose Inhalation once Notes: 11/02/15 23:19 Administration: DuoNeb 1 unit 11/02/15 23:34 Follow Up: Response: No Adv. Order Neck Soft Tissue	Status Ordered Administered Order Method: V Sign off: Paul, Ed t dose Inhalation erse Reaction; Respiratory status Ordered In Process Unspecified	11/02/15 23:12 11/02/15 23:19 erbal - Read back Iward, MD 11/03/15 00:0 s improved Time 11/03/15 00:06 11/03/15 00:21	It3 spf1  D6  By ep	spf1 lt3 For
Comments: (OEMICCOM): Ordering Location: ERNPC1.1 Quantity 1: 1 Order DuoNeb 1 unit dose Inhalation once Notes: 11/02/15 23:19 Administration: DuoNeb 1 unit 11/02/15 23:34 Follow Up: Response: No Adv. Order Neck Soft Tissue	Status Ordered Administered Order Method: V Sign off: Paul, Ed t dose Inhalation erse Reaction; Respiratory status Ordered In Process Unspecified	11/02/15 23:12 11/02/15 23:19 erbal - Read back Iward, MD 11/03/15 00:0 s improved Time 11/03/15 00:06 11/03/15 00:21	It3 spf1  D6  By ep	spf1 lt3 For
Comments: (OEMICCOM): Ordering Location: ERNPC1.1 Quantity 1: 1 Order DuoNeb 1 unit dose Inhalation once Notes: 11/02/15 23:19 Administration: DuoNeb 1 unit 11/02/15 23:34 Follow Up: Response: No Adv. Order Neck Soft Tissue	Status Ordered Administered Order Method: Vi Sign off: Paul, Edit dose Inhalation erse Reaction; Respiratory status Status Ordered In Process Unspecified Order Method: E	11/02/15 23:12 11/02/15 23:19 erbal - Read back Iward, MD 11/03/15 00:0 s improved Time 11/03/15 00:06 11/03/15 00:21	It3 spf1  D6  By ep	spf1 lt3 For
Comments: (OEMICCOM): Ordering Location: ERNPC1.1 Quantity 1: 1 Order DuoNeb 1 unit dose Inhalation once Notes:  11/02/15 23:19 Administration: DuoNeb 1 uni 11/02/15 23:34 Follow Up: Response: No Adv. Order Neck Soft Tissue  Notes: Bed Name: 1  ER EXAM ROOM/BED: (OERDERRMBD): 1 Is the patient able to bear weight? (OERDBEAR) Is the patient at risk for falls? (OERDFALLS):	Status Ordered Administered Order Method: V Sign off: Paul, Ed t dose Inhalation erse Reaction; Respiratory status Status Ordered In Process Unspecified Order Method: E	11/02/15 23:12 11/02/15 23:19 erbal - Read back Iward, MD 11/03/15 00:0 s improved Time 11/03/15 00:06 11/03/15 00:21	It3 spf1  D6  By ep	spf1 lt3 For
Comments: (OEMICCOM): Ordering Location: ERNPC1.1 Quantity 1: 1 Order DuoNeb 1 unit dose Inhalation once Notes:  11/02/15 23:19 Administration: DuoNeb 1 unit 11/02/15 23:34 Follow Up: Response: No Adv. Order Neck Soft Tissue  Notes: Bed Name: 1  ER EXAM ROOM/BED: (OERDERRMBD): 1 Is the patient able to bear weight? (OERDBEAR)	Status Ordered Administered Order Method: V Sign off: Paul, Ed t dose Inhalation erse Reaction; Respiratory status Status Ordered In Process Unspecified Order Method: E	11/02/15 23:12 11/02/15 23:19 erbal - Read back Iward, MD 11/03/15 00:0 s improved Time 11/03/15 00:06 11/03/15 00:21	It3 spf1  D6  By ep	spf1 lt3 For
Comments: (OEMICCOM): Ordering Location: ERNPC1.1 Quantity 1: 1 Order DuoNeb 1 unit dose Inhalation once Notes:  11/02/15 23:19 Administration: DuoNeb 1 uni 11/02/15 23:34 Follow Up: Response: No Adv. Order Neck Soft Tissue  Notes: Bed Name: 1  ER EXAM ROOM/BED: (OERDERRMBD): 1 Is the patient able to bear weight? (OERDBEAR) Is the patient at risk for falls? (OERDFALLS):	Status Ordered Administered Order Method: V Sign off: Paul, Ed t dose Inhalation erse Reaction; Respiratory status Status Ordered In Process Unspecified Order Method: E	11/02/15 23:12 11/02/15 23:19 erbal - Read back Iward, MD 11/03/15 00:0 s improved Time 11/03/15 00:06 11/03/15 00:21	It3 spf1  D6  By ep	spf1 lt3 For

Name: Aaliyah Print Time: 11/4/2015 15:08:08

MRN: K000629604 Account#: K31687676

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Order	Status	Time	Ву	For	
Ibuprofen Suspension 1 dose PO once; Per Pedi Fever Standing	Ordered	11/03/15 00:25	śpf1.	ер	
Orders	Administered	11/03/15 00:30	lt3		
Notes:	Order Method: Ve	erbal - Read back			
	Sign off: Paul, Ed	lward, MD 11/03/15 00:	50		
11/03/15 00:30 Administration: Ibuprofen Suspension 1 do	se PO			lt3	
11/03/15 01:32 Follow Up: Temp 99.9 Rectal; Response: To	emperature is decre	eased; No Adverse Read	otion;	spf1	
Order	Status	Time	Ву	For	
Rocephin 600 mg IVPB once	Ordered	11/03/15 00:52	ер	ер	
	Administered	11/03/15 01:20	lt3		
Notes:	Order Method: El	lectronic			
11/03/15 01:20 Administration: Receptin 600 mg IVPB in r	ight antecubital			H3	
11/03/15 02:20 Follow Up: Response: No Adverse Reaction saline lock	; IV Status: Comple	eted infusion; IV convert	ed to	spf1	
Order	Status	Time	Ву	For	
Blood Culture, Bacteria	Ordered	11/03/15 00:54	lt3	ер	
	In Process Unspecified	11/03/15 00:55	Dispato	her MedHost	
Notes:	Order Method: Verbal - Read back				
	Sign off: Paul, Ed	lward, MD 11/03/15 02:	58		
COLLECTED BY NURSE? (Y/N) (OELBCBN): No					
Source (OEMICbid): Venipuncture					
Is patient allergic to lodine/Betadine? (LBIODINE1); UI=Book	an; Shared=F; Re	quired=T; Visible=T:			
Quantity or Number of Units: 1 unit					
Order	Status	Time	Ву	For	
Albuterol 0.5 unit dose Inhalation once	Ordered	11/03/15 05:45	mg3	ер	
	Administered	11/03/15 06:09	mg3		
	the state of the s				
Notes:	Order Method: W	/ritten			
Notes: 11/03/15 06:09 Administration: Albuterol 0.5 unit dose Inha		/ritten		mg3	
	lation	/ritten		mg3	
11/03/15 06:09 Administration: Albuterol 0.5 unit dose Inha 11/03/15 06:26 Follow Up: Response: No Adverse Reaction	lation	/ritten	Ву		
11/03/15 06:09 Administration: Albuterol 0.5 unit dose Inha 11/03/15 06:26 Follow Up: Response: No Adverse Reaction Order	lation ; Tolerated well		By mg3	spf1	
11/03/15 06:09 Administration: Albuterol 0.5 unit dose Inha 11/03/15 06:26 Follow Up: Response: No Adverse Reaction Order	lation ; Tolerated well Status	Time		spf1 For	
11/03/15 06:09 Administration: Albuterol 0.5 unit dose Inha 11/03/15 06:26 Follow Up: Response: No Adverse Reaction Order SOLU-MEDrol 20 mg IVP once	lation ; Tolerated well Status Ordered	Time 11/03/15 05:45 11/03/15 06:07	mg3	spf1 For	
11/03/15 06:09 Administration: Albuterol 0.5 unit dose Inha 11/03/15 06:26 Follow Up: Response: No Adverse Reaction Order SOLU-MEDrol 20 mg IVP once	lation ; Tolerated well Status Ordered Administered	Time 11/03/15 05:45 11/03/15 06:07	mg3	spf1 For	
11/03/15 06:09 Administration: Albuterol 0.5 unit dose Inha 11/03/15 06:26 Follow Up: Response: No Adverse Reaction Order SOLU-MEDrol 20 mg IVP once	lation ; Tolerated well Status Ordered Administered Order Method: W	Time 11/03/15 05:45 11/03/15 06:07	mg3	spf1 For	
11/03/15 06:09 Administration: Albuterol 0.5 unit dose Inha 11/03/15 06:26 Follow Up: Response: No Adverse Reaction Order SOLU-MEDrol 20 mg IVP once Notes:	lation ; Tolerated well Status Ordered Administered Order Method: Well	Time 11/03/15 05:45 11/03/15 06:07	mg3	spf1 For ep	

Name: Aaliyah

Print Time: 11/4/2015 15:08:08

MRN: K000629604 Account#: K31687676

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# Physician Documentation Con't.

Zithromax 120 mg IVPB once Notes:		Ordered 11/03/15 05:45		mg3	ер
		Administered	11/03/15 06:09	mg3	
		Order Method: V			
11/03/15 06:09	Administration: Zithromax 120 mg IVPB in left hand mg3				
11/03/15 08:52	Follow Up: Response: No Adverse Reaction; IV Status: Completed infusion				jcm

**Order Signatures:** 

Paul, Edward, MD	MD	ep	Wright, Jennifer, RN	RN	jaw1
Colon, Cindy, RN	RN	cc1	Trickett, Lauren, RN	RN	lt3
Griggs, Melissa, RN	RN	mg3	Fitzgerald, Stormy, RN	RN	spf1

Disposition: 11/02 22:59 This chart was scribed by Turner, Elaina, Scribe, in the presence of Edward Paul MD.	et3
11/03 03:28 Electronically signed by: Edward Paul MD. Disposition. Chart complete.	ер

#### Disposition:

11/03/15 03:29 Admit ordered for Tran, Sharon. Preliminary diagnosis are Febrile Illness - Pyrexia, Hypoxia, Reactive Airway.

- Bed requested for Specific Bed.
- Condition is Good.
- Problem is new.
- Symptoms have improved.

Signatures:

Dispatcher MedHost		EDMS	Paul, Edward, MD	MD	ep
Mathews, Janet, RN	RN	jcm	Jennings, Jacqueline		jc3
Trickett, Lauren, RN	RN	It3	Griggs, Melissa, RN	RN	mg3
Colon, Cindy, RN	RN	cc1	Turner, Elaina, Scribe	Scrib	e et3
Wright, Jennifer, RN	RN	jaw1	Fitzgerald, Stormy, RN	RN	spf1

Correction	ns:		
11/02 22:4	54 The patient presents to the emergency department with congestion, with need discharge, that		
22:56	is mederate, cough, described as moderate, fover, with an emergency department temperature		
	of 101-dogreeo Fahrenheit, rhinorrhea,	<del>et3</del>	et3
22:57 22:1	54 Respiratory: Positive for sough, "sounds productive", whoezing, Negative for homophysic,		
	orthopned, pleuriay,	<del>et3</del>	et3
22:57 <del>22:1</del>	54 ENT: Positive for nacel discharge, rhinorrhoa, sinus congestion, Negative for difficulty handling		
	secretions, difficulty awallowing, pulling at cars, sinus pain, sore threat, tinnitus, dental pain,	<del>et3</del>	et3
00.57 00.1	A Every Monetive for injury, pain numiling, radinger, and discharge, Money Manghus for injury,		

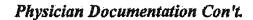
pain, etiffness, swelling Cardiovassular: Negative for edoma Abdomon/Ci: Negative for abdominal pain, nausca, vemiting, diarrhoa, homatechezia, melena, ancrexia, dysphagia, injury, distantian, and constitution, Back: Negative for injury, defermity, decreased range of motion, and pain, GU: Negative for injury, blooding, discharge, and evelling, MS/Extremity: Mogative for injury, pain, swelling, decreased range of motion Skin: Negative for injury, rash, swelling, losions, and discoloration, Neuro: Negative for altered mental status, weakness, and

Name: Aaliyah

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		soizure, Peych: negative for acute changes	<del>et3</del>	et3
22:59	22:54	Accordated signs and symptoms: Portinent positives: congection, cough, fever, need discharge, whoszing, Portinent negatives: abdominal pain, constipation, diarrhod, carache, scizure, chortness of breath, core threat, vemiting,	et3	et3
22:59	) <del>22:54</del>	The patient precents to the emergency department with congestion, with need discharge, that is maderate, cough, described as moderate, fover, with an emergency department temperature of 161 degrees Fahrenholt, rhinerrhos, who exing, described as mild.	eta	et3
22:59	22:54	Conclitutional: Positive for coughing, favor. Negative for chills, obvious distress, couts pain, poor PO intake, shortness of breath, vemiting,	et3	et3
22:59	22.54	Respiratory: Positive for cough, "sounds productive", wheezing, Negative for homoptycis, enthopmes, plauricy, chartness of breath,	et3	et3
23:01	<del>22:56</del>	Respiratory: moderate respiratory districts is noted, Respirations; labored breathing, is not present, asymmetrical sheet movement, is not even, ascessory muscle usage; is absent, grunting, is not present, nasal flaring, is not appreciated, paradoxical sheet movement, is absent, prolonged exhalation, to not present, pursed lip breathing, is not present, interesectal retractions, that is moderate, shellow respirations, are not present, splinting, is not noted, tachypnes, is appreciated Breath sounds; raise; are not appreciated, rhenshi, are not appreciated, crackies, are not appreciated, wheezing, that is moderate, is coattered, is heard diffusely, breathlessends, are not appreciated, decreased breath sounds, are not appreciated.	at2	at 3
		<del>etridor, is net appreciated,</del> :	<del>010</del>	eta

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Name: Aaliyah

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Nurse's Notes

Name: Aaliyah Age: 2 years Sex: Female DOB: 10/01/2013

Arrival Date: 11/02/2015 Time: 22:27

**Bed** Holding

Willis Knighton South

MRN: K000629604 Account#: K31687676 Private MD: Allen, dr.

#### Presentation:

11/02 Method of Arrival: Ambulatory. 22:31

22:35 Acuity: 2 - Emergent.

imh spf1

imh

22:35 Preferred language for medical communication is English. Presenting complaint: Mother states: difficulty breathing. Person Transporting: Parent. Transition of care: patient was not received from another setting of care. Mechanism of Injury: denies injury.

Triage Assessment:

22:35 General: Appears well developed, well nourished, well groomed, distressed, Behavior is crying, fussy, mobility; ambulates without assistance Reports fever for 0-12 hours, feeling ill for 0-12 hours. Pain: level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 4 out of 10.

spf1

et3

spf1

#### Historical:

· Allergies: No known Allergies;

Home Meds:

1. No Home Medications

· PMHx: None PSHx: None Historical:

22:39 Family history: Father has/had no known health problems. Mother has/had no known health problems. Immunization history: Childhood immunizations up to date, Social history: The patient lives at home with family the patient is a minor.

22:54 History obtained from mother. The history from nurses notes was reviewed and confirmed.

Screening:

22:35 Abuse screen:

spf1

there are no obvious signs of child abuse. Patient fall risk assessment; risks identified; is of toddler age, Intervention

for positive screen: parent/caregiver holding child, teaching provided regarding fall risk, with verbalized understanding.

Learning Barriers:

age parrier identified, caregiver ready and willing to learn, prefers oral and written instructions.

Pedi Fall Risk None Identified.

Exposure risk/Travel Screening:

None identified.

#### Assessment:

22:40 Pain: level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale spf1 score is 0 out of 10. General: Appears well developed, well nourished, well groomed, distressed, Behavior is appropriate for age, mobility; ambulates without assistance Reports fever for 0-12 hours. Neuro: Level of Consciousness is alert, awake, obeys commands, appropriate to pain. Oriented to person, place. EENT: No deficits noted. Parent/caregiver reports the patient having nasal congestion nasal discharge. Cardiovascular: Heart tones S1 S2 present. Respiratory: Respiratory effort is labored, with retractions, grunting, Respiratory pattern is symmetrical, tachypnea Airway is patent Breath sounds with wheezes upon exhalation, bilaterally. Parent/caregiver reports the patient having cough that is non-productive. Gastrointestinal: Denies Pt's mother denies nausea, vomiting Parent/caregiver reports the patient having normal bowel habits. Genitourinary: Parent/caregiver reports the patient having normal unnary habits. Dermatologic: Skin is intact, is healthy with good turgor, Skin is dry, Skin is pink, warm & dry, normal, Skin temperature is warm. Musculoskeletal: No deficits noted. Range of motion intact in all extremities.

23:08 Gastrointestinal: Pt is actively vomiting yellow contents.

lt3 It3

23:35 Respiratory: Reassessment: Patient states symptoms have improved, appears to be sleeping. No longer grunting. Lungs sounds clear bil with slight wheeze auscultated. Mom holding patient in bed.,

jcm.

09:00 Pain: level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. General: Appears in no apparent distress, well developed, well nourished, Behavior is cooperative, appropriate for age, quiet, mobility; ambulates without assistance. Neuro: Level of

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Consciousness is alert, awake, Oriented to person. **EENT:** No deficits noted. **Respiratory:** Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical, Airway is patent Breath sounds are clear bilaterally. **Dermatologic:** Skin is healthy with good turgor. **Musculoskeletal:** No deficits noted. Age appropriate behavior-Toddler (12 months to 4 yrs): autonomy-separate from parent, minimal language skills, fears pain, safety concerns.

Vital Signs:

Vital Signs									
Time	B/P		Resp	Temp	Pulse Ox	Weight	Height		Staff
11/02		184	34		85% on R/A	11.79 kg /	34 in. (86	6/10	jmh
22:34			ļ			25 lbs 16 oz	cm)	<del> </del>	
22:39			<del> </del> _	101.0(R)				<del> </del>	spf1
22:43		189	52						spf1
22:47					100% on 5% Aerosol Mask				spf1
23:09		201	40	,	98% on 1.5 lpm NC				lt3
23:35		197	40		100% on 1.5 lpm NC		·		lt3
11/03		172	28		100% on 1.5 lpm				spf1
00:16			ļ	400 5(0)	NC	[:		-	64
00:22				100.5(R)	4000/ mm 4 Files				spf1
01:05					100% on 1.5 lpm NC				spf1
01:12		161						1	spf1
01:32				99.9(R)					spf1
Ó2:06		172	32		100% on 1.5 lpm NC				lt3
02:35	· · · · · · · · · · · · · · · · · · ·				100%				It3
03:04		154	32		100% on 1.5 lpm NC				spf1
04:45		145	32		100% on 1.5 lpm NC				spf1
06:10	132 / 51	167			100% on 12% Aerosol Mask				mg3
06:47		161	34	98.6(R)	97%				mg3
07:00				,	100%				jcm
07:15					100%				jcm
07:30		156	32		99% on 2 lpm NC			0/10	jcm
07:45					100%				jcm
08:00					100%				jcm
08:15					100%	·			jcm
08:30					98%				jcm
08:45					98%				jcm
09:10					99%				jcm
09:20					98%				jcm
09:30					99%				jcm
09:40					99%				jcm
10:00					100%				jcm
	the second secon								

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# Nurse's Notes Con't

10:15	<b>.</b>		100%		jcm
10:30			100%		jcm
10:34	134	32	100% on 2 lpm NC		jcm
12:42	154	26	100% on 2 lpm NC	0/10	jcm
v.		ll			<u></u>

07:30 FLACC (infant-toddler)

jcm

06:10 pt crying during vitals

mg3

Vitals:

11/02 22:34 Acuity: 2 - Emergent.

jmh

22:39 Body Mass Index = 15.94.

spf1

Glasgow Coma Score:

Time Eve Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff	
22:34 spontaneous(4)	oriented(5)	obeys commands(6)		15	jmh	

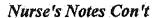
ED Course:	
22:27 Patient arrived in ED.	ms2
22:27 Patient moved to KIOSK.	ms2
22:31 Allen, dr. is Private Physician.	jmh.
22:36 Patient moved to 14.	jmh
22:38 Patient moved to 1.	mg3
22:38 Fitzgerald, Stormy, RN is Primary Nurse.	spf1
22:40 Patient/caregiver encouraged to voice any concerns. Side rails up X2. Bed in low position. Call light in reach, Instructed to call for assist when getting up, verbalized understanding. Patient has correct armband on for positive identification. Adult with patient, Pulse ox on. Bedside monitor alarms on and audible.	spf1
22:47 Inserted saline lock IV, 24 gauge in right antecubital area and blood collected. Per Lauren, RN. O2 via Pt placed on aerosol mask at 5L/min.	spf1
22:52 Paul, Edward, MD is Attending Physician.	ер
23:05 Patient moved to Radiology.	tmc
23:05 Patient moved to 1.	tmc
23:05 Chest Xray Portable 1 View Sent.	tmc
23:08 O2 via nasal cannula @ 1L/min.	lt3
23;38 O2 via nasal cannula 1.5L/min.	spf1
11/03 Patient moved to Radiology.	tmc
00:13 Chest Xray Portable 1 View Sent.	tmc
00:13 Neck Soft Tissue Sent.	tmc
00:20 Patient moved to 1.	tmc
01:24 No apparent distress. Resting quietly.	spf1
02:07 No apparent distress. Resting quietly, playing game on phone.	lt3
03:06 No apparent distress. Appears to be sleeping.	spf1
03:28 Tran, Sharon, MD is Admitting Physician.	ер
03:29 Waiting for Bed Assignment.	ер

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Name: Aaliyah



04:19	Patient moved to Holding.	srt
04:45	No apparent distress. Appears to be sleeping. Pt's mother at bedside.	spf1
05:52	Discontinued IV lock intact, bleeding controlled, pressure dressing applied, IV site resistance to flush, redness, swelling, and discomfort noted. IV infiltrated and discontinued.	spf1
05:58	Inserted saline lock IV, 24 gauge in left hand.	spf1
06:14	Critical Med Co-Sign; Solu-Medrol 20 mg IV, dosage verified by Stormy, RN.	spf1
06:14	Critical Med Co-Sign: Albuterol 0.5 unit dose, dosage verified by Stormy, RN.	spf1
06:15	Crying, fussy.	spf1
06:21	Diet: diet tray ordered.	spf1
06:55	Primary Nurse role handed off by Fitzgerald, Stormy, RN.	jcm
06:55	Mathews, Janet, RN is Primary Nurse.	jcm
06:55	Report received from Stormy, RN, using the SBAR communication method.	jcm
07:02	Report given to Janet, RN, using the SBAR communication method.	spf1
07:08	No apparent distress. Resting quietly. Appears to be sleeping. Awaiting bed assignment. ER nurse to see patient. Pt visited by mother.	jcm
07:08	Admit orders noted, and initiated.	jcm
07:42	No apparent distress. Resting quietly. Appears to be sleeping. Awaiting bed assignment.	jcm
09:00	No apparent distress. Watching TV. Awaiting bed assignment. ER nurse to see patient. Pt visited by family.	jcm
09:00	Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Call light in reach. Instructed to call for assist when getting up, verbalized understanding. Patient has correct armband on for positive identification. Adult with patient, Pulse ox on. Bedside monitor alarms on and audible.	jcm
09:00	IV maintenance: IV is patent, is intact, arm board in place and secured.	jcm
09:22	Private physician Dr. Dr Matriano-Lim Called asking about status of patient. Advised there are no beds on Peds at this time.	jcm
10:29	No apparent distress. Resting quietly. Watching TV. Awaiting bed assignment. ER nurse to see patient. Pt visited by family.	jcm
11:32	No apparent distress. Resting quietly. Awaiting bed assignment. ER nurse to see patient. Pt visited by family.	jcm
12:15	Respiratory therapy at the bedside for breathing treatment.	jcm
12:40	Waiting for Bed Assignment.	jc3
12:42	No procedures done that require assistance.	jcm
	•	

Administered Medications:

Time	Drug & Dose	Route	Rate	Duration	Site	Delivery	Staff
11/02 22:42	DuoNeb 1 unit dose	Inhalation					jaw1
22:50	Follow up: Response: No Adverse Reaction;	Respiratory sta	atus unch	anged			lt3
22:49	Tylenol - Acetaminophen Suppository 160 mg	PR					spf1
11/03 00:15		sed					spf1
11/02 22:53	DuoNeb 1 unit dose	Inhalation					mg3
23:00	Follow up: Response: No Adverse Reaction;	Respiratory sta	atus unch	anged			lt3
23:08	SOLU-MEDrol 25 mg	IVP			right antecubital		lt3

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## Nurse's Notes Con't

23:34	Follow up: Response: No Adverse Reaction						
23:19	DuoNeb 1 unit dose Inhalation						
23:34	Follow up: Response: No Adverse Reaction	r; Respiratory status	improved		lt3		
11/03 00:30							
01:32	Follow up: Temp 99.9 Rectal; Response: T well	emperature is decrea	sed; No Adve	erse Reaction; Tole	rated spf1		
01:20	Rocephin 600 mg	IVPB		right antecubital	lt3		
02:20	Follow up: Response: No Adverse Reaction	ı; IV Status: Complet	ed infusion; I'	v converted to salir	ne lock spf1		
06:07	SOLU-MEDrol 20 mg	IVP		left hand	mg3		
06:26	Follow up: Response: No Adverse Reaction	r; Tolerated well			spf1		
06:09	Albuterol 0.5 unit dose	Inhalation			mg3		
06:26	Follow up: Response: No Adverse Reaction	; Tolerated well			spf1		
06:09	Zithromax 120 mg	IVPB		left hand	mg3		
08:52	Follow up: Response: No Adverse Reaction	; IV Status: Complet	ed infusion		jcm		

<sup>1 -</sup> Note: Per Melissa, RN.

#### Outcome:

03:29 Admit ordered by MD.

12:42 Moved to Pediatrics Room # 518, accompanied by tech, family with patient, with oxygen, with chart, Report jcm called to Cassandra, RN on 5E, using the SBAR communication method. Instructed on admit to floor admission process Demonstrated understanding of instructions, medications. All belongings were taken to the room upon admit. Medication reconcilliation form provided. Med Effects: Effects of administered medications were addressed. Oxygen use: Oxygen used on this visit.

jcm

12:57 Electronic medical record closed.

Signatures:

Taylor, Shirley		srt	Paul, Edward, MD	MD	ep
Mathews, Janet, RN	RN	jcm	Jennings, Jacqueline		jc3
Cook, Tara, RT	RT	tmc	Hartsell, Michael, RN	RN	jmh
Scriptuser, MEDHOST		ms2	Trickett, Lauren, RN	RN	lt3
Griggs, Melissa, RN	RN	mg3	Turner, Elaina, Scribe	Scribe	e et3
Wright, Jennifer, RN	RN	jaw1	Fitzgerald, Stormy, RN	RN	spf1

Corrections:		
11/02 <del>22:47 Incerted saline lock IV, 22 gauge in right antocub</del> ital area and bleed collected.		
22:49	<del>opf1</del>	spf1
23:21 22:47 Inserted saline look IV, 22 gauge in right antecubital area and blood collected. Per Lauren, RN	<del>opf1</del>	spf1
11/03 <del>07:30 Pulsa Ox 06%;</del>		
07:45	jem	jcm
12:44 42:42 Meved to Pediatrice Room # 518, accompanied by tech, family with patient, with exygen, with		
chart, Report called to , using the SBAR communication method.	jem	jcm

Name: Asliyal

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RUN DATE: 11/05/15 RUN TIME: 1514 RUN USER: BROOKT.NS	Willis Knighton South Discharge Orders/Discharge Med:	
	MEHS PHEUMOCOCCAL Vaccine Pr PREVHAR 13 (Pneumococcal 13 Valc Administer Year Round	An analysis of the second seco
	Contraindications (Do NOT add (Check all that apply	
Patient does not meet	vaccine indications below	
Patient has received l	Pneumovax (Pneumococcal 23 Valent) vac	cine within the last year
Patient has received l	Prevnar-13 (Pneumococcal) 13 Valent Va	ccine
Patient refused vaccin	ae	
Known sensitivity to p	previous dose of pneumococcal vaccine	
Known sensitivity to I	Diptheria Toxoid containing vaccines	
	Indications (Check all the	at apply)
65 years of age or old	er AND none of the contraindications	above
65 years of age or old	der, pneumococcal vaccination status u	nknown AND none of the contraindications above
0.5 mL IM	If NO Contraindinati Administer Prevnar-13 (Pneumococcal	
Lot Number:	Manufactu	rer:
Date on vaccine informat	ion sheet: Vaccine I	information Sheet (VIS) given to patient: YES NO
Patient vaccine consent	Patient Signatur	
	· · · · · · · · · · · · · · · · · · ·	ę.
*Document administration	of vaccine on patient's MAR	
	Date / Time	Printed Name
Assessment completed by:	**	
Who natient has receive	/) of Prevnar-13 (Pneumococcal 13 Vale ed Pneumovax (Pneumococcal 23 Valent) pely received Prevnar-13 (Pneumococcal	in the last year. Do NOT administer

This is a protocol approved by Medical Staff 9/2006 and revised 9/2007, 12/2010, 4/2012, 09/2013, 08/2015; therefore does not require a physician signature. This is in accordance with the Law Governing the Practice of Nursing and Louisiana State Board of Medical Examiners position statement. (LSBN, Examiner, Winter 2003)

Date / Time

THIS DOCUMENT IS A PERMANENT PART OF THE MEDICAL RECORD



Assessment clarification completed by:

Name: L Acct#: K31687676 Room/Bed: K.E5518-1

DOB: 10/01/13 Age: 2Y 01M Sex: F Weight: 27

Printed Name

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PAGE 2 Willis Knighton South \*ADMISSIONS\* RUN DATE: 11/05/15 Discharge Orders/Discharge Medication Reconciliation RUN TIME: 1514 RUN USER: BROOKT.NS WKHS Adult Influence Vaccine Protocol INFLUENZA Vaccine [Quadrivalent Inactivated (killed)] Administer September - March Contraindications (Do NOT administer) (Check all that apply) Patient under age 18 years of age Vaccine not required (April - August) Patient previously immunized this flu season Patient refused vaccine History of serious reaction to vaccine History of allergy to eggs History of Guillain-Barre Syndrome Indications (Check all that apply) 18 years of age or older AND none of the contraindications above If WO Contraindications Administer Influenza (Quadrivalent) Vaccine 0.5 mL IM Influenza vaccine given Manufacturer:\_ Lot number: \_\_ Vaccine Information Sheet (VIS) given to patient: YES NO Date on vaccine information sheet: Patient vaccine consent: \_\_ Patient's Signature

Assessment completed by:

Date / Time

Printed Name

This is a protocol approved by Medical Staff 9/2006 and revised 9/2007, 12/2010, 4/2012, 09/2013, 08/2015; therefore does not require a physician signature. This is in accordance with the Law Governing the Practice of Nursing and Louisiana State Board of Medical Examiners position statement. (LSBN, Examiner, Winter 2003)

THIS DOCUMENT IS A PERMANENT PART OF THE MEDICAL RECORD

\*Document administration of vaccine on patient's MAR



Name: HENDERSON

Acct#: K31687676 Room/Bed: K.E5518-1

DOB: 10/01/13 Age: 2Y 01M Sex: F Weight: 27

R	UN TIME:	Willis Knighton South *ADMISSIONS* 3: 1514 Discharge Orders/Discharge Medication Reconciliation 4: BROOKT.NS	PAGE 3				
Date of Discharge: WITH  Discharge patient to: WWC							
		Home Health Physical Therapy  Les: NKDA  Home Health Physical Therapy  Les: NKDA					
ľ	TTETATE		and the second second second second second second second second second second second second second second seco				
		Follow-up; TPOP next week	langua (apa apa apa apa apa apa apa apa apa a				
		Diet: Lig					
		Vaccine Protocol:  Follow Flu/Pneumonia Vaccine Protocol					
	I	Activity:  Resume normal activity  Resume normal activity  Resume normal activity					
		No driving No climbing stairs Other:					
		Hygiene Restrictions:  No restrictions  Sponge bath only					
		Shower only Other:					
۱	.	Tub bath only					
		IV Therapy: discharge with saline lock in place					
		discharge with PICC line in place					
		discharge with central line in place discharge with port access needle in place					
		Drainage devices:  discharge with urinary catheter in place					
		discharge with drain in place					
	<u> </u>	discharge with (other) in place					
	OR	Complete NIHSS on discharge (NKP only)					
	2	See physician discharge sheet (attached)					
		Name: L  Acct#: K31687676  Room/Bed: K.E5518-1  DOB: 10/01/13 Age: 2Y 01M Sex: F Weight: 27					

Noted Sprooks Pn 11-5-15 @ 1635

RUN DATE: RUN TIME: RUN USER:	1514	Willis Knighton South Discharge Orders/Discharge Med	
		discharge nedication r	RCONCILIATION
Continue & Please cir		esos.	TEAL MEDICATIONS
Yes No	 	ORAPRED U/D (PREDNISOLONE) 12 MG (4 ML)	PO BID (REFRIGERATE:)
Change:	×	2 days	
Yes No		PROVENTIL U/D (ALBUTEROL SOLUTION 0.0831) AS DIRECTED	INH .Q4H (USE VIA INHALATION NEBULIZATION ONLY!)
Change:	<u></u> 7.	14 × 24° mm 04-6 pm c	hun
Yes No		ZITHROMAX (AZITHROMYCIN) 60 MG (3 ML)	PO DAILY (SHAKE WELL!) (STORE AT ROOM TEMPERATURE!)
Change:	****	x 2 days rext dose tom	~
Continue a Please dir			MEDICATIONS
Yes No		PEDIA PROFEN (IBUPROFEN PED, SUSP) 120MG (6ML	PO PRN .Q6H ) AS NEEDED FOR TEMPERATURE >= 101 (SHAKE WELL!) (SAME AS ADVIL/MOTRIN)
Change:	_		
Yes No	•	TYLENOL (ACETAMINOPHEN) 175MG (5.5ML	PO PRN .Q4H  AS NEEDED FOR TEMPERATURE >= 100.4  (DO NOT EXCEED 4,000 MG/24HRS1)
Change:			
ADDITIONAL	, MEDICATO	ons (NEW MEDICATIONS)	
· · · · · · · · · · · · · · · · · · ·			

Acct#: K31687676

Room/Bed: K.E5518-1 DOB: 10/01/13 Age: 2Y 01M Sex: F Weight: 27

- NOted Ipropur Pm 11-5-15 @ 1635

Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 136 of 333 PageID #: 1176 Page 1561 of 1758

NUN DATE: 11/05/15 Willis Knighton South *ADMISSIONS*  NUN TIME: 1514 Discharge Orders/Discharge Medication Reconciliation  NUN USER: BROOKT.NS			PAGE 5		
Physician Signature:	A 2944 above discharge order and discharge medications	Date	. <u>145/18</u>	Time: 330/m	ing the state of t
Clarfications, If necess	d Sprooker 11-5-15	; @	1635		
Physician Signature: (Signature only neede	i if clarifications are noted)	Date	7	Time:	



Name:

Acct#: K31687676 Room/Bed: K.E5518-1

DOB: 10/01/13 Age: 2Y 01M Sex: F Weight: 27

Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 137 of 333 PageID #: 1177 Page 1562 of 1758



PAGE 6

RUN DATE: 11/05/15 RUN TIME: 1514 RUN USER: BROOKT.NS Willis Knighton South \*ADMISSIONS\*

Discharge Orders/Discharge Medication Reconciliation

Home Medications NOT An Order

For Information/Comparison Only

NOT AN ORDER

Name L

Acct#: K31687676 Room/Bed: K.E5518-1

DOB: 10/01/13 Age: 2Y 01M Sex: F Weight: 27

Page 1563 of 1758



Date Ordered	Time Ordered	Orders
11/4/18	lom.	Solial Services Consult
<u> </u>		for home vehilize
<u></u>		S.M 2544
11-4	45,	10 NOROL DANGENTAN
WHIS	12pm	Athores and DB x 24hy Strathand By
	۵	Albutul 2.5 mg via neb 04
		EDICINE /
	EL	TOTC Pocephi poc solundal
EX		Drapped 12mg PO BID
		A Azishmyan 60 mg to 90 Q day
		D. D. 7944
1/1-4	4-75	1230, Notod, D. Smyson RIV
	Q 1 n1	
	99	Chert / Somethamas KN. 11/5/15 03000
a constitution and the constit		
	<u>.</u>	
	į	
		Please Use: Prohibited Abbreviation Please Use:
Prohibited IU MgS04 MS MS04	Abbreviation:	Please Use: International unit q.o.d. or QOD every other day magnesium sulfate U or u unit morphine sulfate Trailing zero (x.0 mg) morphine sulfate Lack of leading zero (.x mg)  delive

PO193\_1 Revised 07/25/2013 Committee Approved 07/31/2013 Page 1 of 1

dally

Committee Approved Blank Order Form - Must be Hand Written

QD or qd



10/01/2013

002Y 01M

Printed: 11/03/2015

Sharon Tran K31687676 11/03/2015 K.E55181

Page 1564 of 1758



Date Ordered	Time Ordered	Orders
-		Ato Dr. Mary Braile
\	,	Moutal 2.5 mg viz rub QU
143/15	345	Dtc Bolumedal 12 mg 1V Q12
6.	hu	Wt wan admition 12.57kg/
EA	KEL	274/ml 175 mg 10 04 pm tup 10.4
		Thom's 120 mg po 04 pn p tup 2101
		1851/2NS @ 45 myhr
		Maintin on 29090, wan or artelented
1		Wird pers pand
		Lapid Myaparma &
		S.7~2944
^		Albuhul 5m mb Ner ( now x ( now ) tuponiet
143/15	1	the Albaher MEDICINE QZ OISOLE IS
(,,	bu	
		And C Palard Rol 11/3/45 A 1700
		Motes C. Pallard Par 11/3/8 0 / 700 ETTOT
11-2-19	750.	DIC above albuteral treatments XED
1000	1 1001	TOV. Dr. Tran / Elaina FOO RN #
		J.D. 34 tt 11/3/2 630 pm
11-2-19	2,1800	Noted, 90 FOORS THEOLIST
11316	Bym	Albert 2.54 06 sin very Andrews
Prohibited	Abbreviation:	infernational unit quarter qua
MgS04 MS	113/15	magnesium sulfate or u unit morphine sulfate Trailing zero (x.0 mg)  Never strite a decimal point (x mg)  Always unit a decimal point (x mg)  Always unit a zero (et op a decimal point (O.x mg)
MS04 QD or qd	11,00	daily daily
Commit	tee Approve	d Blank Order Form - Must be nand written
11-2	15 2	300 240 Chart Check - Janie Watsan RN
レノ	0	Printed: 11/03/2015

PO193\_1 Revised 07/25/2013 Committee Approved 07/31/2013 Page 1 of 1 10/01/2013

002Y 01M

F

Printed: 11/03/2015

Sharon Tran K31687676 11/03/2015 K.E5518 1

WILLS-KNICHTON HEALTH SYSTEM EMERGENCY DEPARTMENT TEMPORARY ORDERS
Date/Time u 5  15 c848 Level of service: Inpatient admission (expected to stay 2 midnights)   Observation
1. Attending M.D. TVC- Level of care: A Routine Telemetry Step-Down
2. Diagnosis: Fehrile illness, thy public, Meachie airma
3. Allergies (including Food): PVIDA
4. Condition: ☐ Good ☐ Fair ☐ Poor  5. Vitals: Floor routine with BP every
☐ Urinary catheter/HOUDINI protocol; I & O every hr; ☐ Neurological checks every hr for hr
6. NPO/Diet: Veguler dn comp.
7. Activity: Ad lib Bed rest with bathroom privileges / Up with assistance / Complete bed rest
8. Lab/X-Ray: Bedside glucose, do not confirm: call MD if greater than 350 mg/dL or less than 70 mg/dL
☐ EKG & Troponin every 6 hours times 2 – reason for exam:
EKG & (roponin every 6 nours times 2 – reason for exam:
to do comp.
9. MEDS:  Oxygen via Nasal Cannula 2L/min  Oxygen protocol  Other
127 thebrol 1/2 Unit dose by webulizer Q 6 hours On comp. on
- Solumedrol 20mg IV & 6 hours ER
- Rocephin 600m IV Q 24 hours V ED 0120
+ 2, thronce 120my IVPO Kirch dose then 60mg IUPB Qdy ED 0600
Tylerd 180my Po 4 hours pro try 7100 ER
88
O SALINE LOCK/ IV FLUIDS:
O SALINE LOCK! IV FLOIDS.
1, OTHER:
12. CONSULT Dr
13. Complete care is turned over to Dr Wchrcau-Lum on patient's admission to the hospital.
Notify him/her STAT or at of admission/arrival and STAT for any problems or concerns.
Spoke to: Mchran-ha Thurt Fr E. PAUL, MD
Printed Name or Dictation #
NJA M 200 11-3-15 @ 0708
1 1000 11-5-13 60 100
PO2675_1 PM ###################################
Revised 01/07/2015 Committee Approved 03/13/2015
Page 1 of 1 10/01/13 2Y 01M

Paul, Edward M.D. K31687676

11/02/15

WILLIS-KNIGHTON HEALTH SYSTEM	Pediatric Hospitalist	Progress Note	
Date: 11/4/17 Time:	Name:		
Interval History: Resting in Ded Do	chair orib Non	new problems/complaints	
Meds: 12 Reviewed Remarks			
Discussed Assessment/Plan with D p ROS: D 10 systems reviewed otherwise N	atient I family at I bedside		
Interval Physical Exam: Vitals: temp 97.2 HR 114			
General: ☑ Well-hydrated □ WN ☑ NA			
HEENT: Normocephalic atraumatic D No rhinorrhea/congestion D Nasal flat Remarks Clar chinates, T	ring 🛘 Tempanic membrane	es normal bil 🛮 Óral mucosa mois	st 121 Pharynx normal
Neck: ☐ Normal ☑ Supple ☐ No rigidity ☐.	Adenopathy ☐ Masses ☐Jugu	ular vein distention ☐ Remarks	
Heart: ☐ Normal ☐ S1S2 normal ☐ RRI	Romarks _		
Lungs: ☐ Normal ☐ CTA bil ☑ Unlabor			
Wheeze (end expiratory/inspiratory) □  Abdomen: □ Normal ☑ Soft ☑ Non-te  □ Masses □ Remarks		5.a	
Extremities:  Normal  Cyanosis	Capillary refill less than 2 s	econds 🗆 Edema 🗆 🔻	_Pulses
Musculoskelatal:□Normal Ø Joints full I	ROM □Pain □ Contractures	☐ Weakness ☐ Remarks	
Skin: ☑ Normal ☐ Warm/dry ☐ Rash Neuro: ☑ Normal/nonfocal ☐ Warm/dry	☐ Remarks ☑ Áwake ☑ Álert ☐ Oriente	d	ed □ CN 2-12 intact
☐ Remarks	<u> </u>		S
Lab: ☐ Reviewed ☐ Abnormals	Ca Alb AstAlt		Segs Bands
	Alk/Phos	_ \	Lymphs
	T/DbIIL		• • •
Other: Mycoplanic Tame	O VIOL REP pund	00	
No. of the Control of	J		
Impression: 24/0 finale TUR Leading true grantur, F	Ebrile illims.	: ØSee orders Ø Continue me © Recommendations per consult	dical management ant/s:
THO INTALE ALENTY TOPMY		Follow labs 202, Respirate Continue antibiotics, Day #2	Zimmayo
		DC hapkin. No 2 doks	
An WATE	1/30 Am	DAIL DE ; Ato	10 surids/
( 11) and and ( 12) ( 12)	te/Time ==	Plu Blood Cx	
Sharon Tran, M.D. (2944) Greg (	Oji, M.D.(2977)	· · · · · · · · · · · · · · · · · · ·	

1650\_1 PN0005 wised 05/01/2015

PN650\_1 Devised 05/01/2015 Committee Approved 05/11/2015 Page 1 of 1 HENDERSON, AALIYAH L 10/01/13 2Y 01M

HENDERSON, ARLIVAL D 10/01/13 2Y 01M Tran, Sharon N M.D. K.E5518 K31687676 11/03/15

Patient Name:

Unit No: K000629604 SS#:

Admitting Diagnosis: FEBRILE ILLNESS, HYPOXIA, REACTIVE AIRWAY

EXAM# TYPE/EXAM RESULT 001100206 XR/CHEST XRAY PORTABLE 1 VIEW

REASON FOR EXAM: Cold Symptoms

CHEST:

DICTATED TIME: 9:55 AM

INTERPRETIVE LOCATION: WKS

AP CHEST: Heart size and contour are within normal limits. The lungs are clear of infiltrate, mass or effusion. No significant skeletal abnormality is noted.

IMPRESSION: Normal chest.

\*\* REPORT ELECTRONICALLY SIGNED 11/04/2015 (0801) \*\*

Reported By: J.M.ALBA, M.D. (ELEC.SIGN) WKS

Signed By: ALBA, JOSE M

11/04/2015 0801

CC: Allen, Larry M M.D.

Transcribed Date/Time: 11/03/2015 (1757)

Transcriptionist: GRIMEC.RD

Printed Date/Time: 11/04/2015 (0802)

Tech: TARA COOK,

PAGE 1

CHART COPY

WILLIS-KNIGHTON SOUTH
2510 BERT KOUNS INDUSTRIAL LOOP
SHREVEPORT, LOUISIANA 71118
A NOT FOR PROFIT HOSPITAL
SERVING THE ARK-LA-TEX SINCE 1925

Name: L
Phys: Paul, Edward M.D.
DOB: 10/01/2013 Age: 2Y 1M

DOB: 10/01/2013 Age: 2Y 1M Sex: F Acct No: K31687676 Loc: K.E5518 1 Exam Date: 11/02/2015 Status: ADM IN

Radiology No:

Page 1568 of 1758

Patient Name:

Unit No: K000629604 SS#:
Admitting Diagnosis: FEBRILE ILLNESS, HYPOXIA, REACTIVE AIRWAY

EXAM# TYPE/EXAM
001100214 XR/NECK SOFT TISSUE

RESULT

REASON FOR EXAM: Cold Symptoms

SOFT TISSUE VIEWS OF NECK:

DICTATED TIME: 9:55 AM

INTERPRETIVE LOCATION: WKS

Upper respiratory airways unremarkable. Prevertebral soft tissues are within normal limits.

IMPRESSION:

No definite abnormalities are seen.

\*\* REPORT ELECTRONICALLY SIGNED 11/04/2015 (0802) \*\*
Reported By: J.M.ALBA, M.D. (ELEC. SIGN) WKS
Signed By: ALBA, JOSE M
11/04/2015 0802

CC: Allen, Larry M M.D.

Transcribed Date/Time: 11/03/2015 (1755)

Transcriptionist: GRIMEC.RD

Printed Date/Time: 11/04/2015 (0802)

Tech: TARA COOK,

PAGE 1

CHART COPY

WILLIS-KNIGHTON SOUTH
2510 BERT KOUNS INDUSTRIAL LOOP
SHREVEPORT, LOUISIANA 71118
A NOT FOR PROFIT HOSPITAL
SERVING THE ARK-LA-TEX SINCE 1925

Name: Paul, Edward M.D.

DOB: 10/01/2013 Age: 2Y 1M Sex: F Acct No: K31687676 Loc: K.E5518 1 Exam Date: 11/03/2015 Status: ADM IN

Radiology No:

# Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 144 of 333 Page D #: 1184



Willis-Knighton South Nursing \*\*LIVE\*\* Vital Signs / I&O / Diabetic Flowsheet

Page: 1

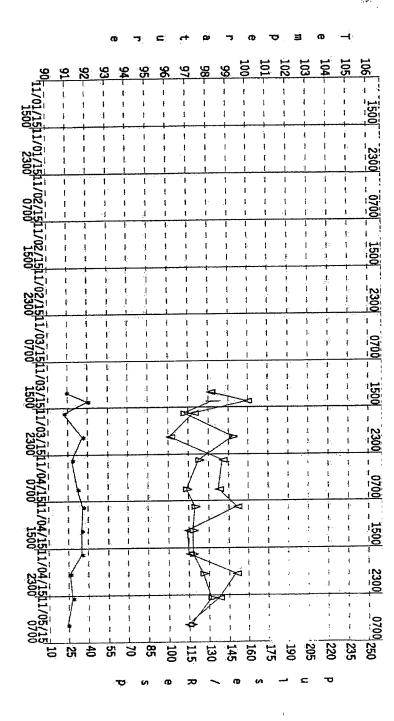
(K000629604)

96 hours from Nov 1, 2015 0701 to Nov 5, 2015 0700 Printed 11/05/15 at 0637 by THOMAC7.NS

Age/Sex: 2Y 01M F Room: 5ES K E5518 1 (Admitted 11/03/15)

Wital Bloom							,	T-2	-			4 (1 D)	10-1-bt (07)	CAOO.
Date-Time	B/P	BP	Pos	Pul		RR	HR Src	Temp	Temp	Src	Weigh	عدست عفد سيندف	Weight (OZ)	SA02;
11/03/15 1224				131		24						P. Walence	Programme in the	
11/03/15 1358				159		40	Machine	98.2	Axil:	ary		melaenead atau	all menors	N. 182
11/03/15 1500											25		12.71	
11/03/15 1600			, , , , , , , , , , , , , , , , , , , ,	119		22	Machine	96.8	Tympa	nic		ži s specialisticija.	Linda Company	96
11/03/15 2000				101		36	Machine	99.2	Tympi	nie				<b>*</b> · · · · ·
11/03/15 2200	501.001.005.000.000 (Sec. )		,,				, , , , , , , , , , , , , , , , , , , ,				27		11.4	
11/04/15 0000		XXX		140		28	Machine	97.5	Тупр	inic				97
11/04/15 0500	*****************	i sa wasan	nikat wasan m	137		32	Machine	96.9	Tympa					100
11/04/15 0800	100000000000000000000000000000000000000	3888	amassand	151		36	Machine	97.3	Tymo					100
	SCU 330 /r en e /r e	2000000	Xi-Shancoscusta.	114		<i>3</i> 5	Machine	97.2	Тутог		J,			95
11/04/15 1200	S. 4000000000000000000000000000000000000	3330	80824500E	11:	corrore	35	Machine	97.2	Tymo					95 99
11/04/15 1600	100.11.20000000000000000000000000000000	500000 	Kaliatinease Jen	150			Machine	97.7	Tymoa			24 1 41 20 20 20 20 20 20 20 20 20 20 20 20 20		99
11/04/15 1920	a construction	200000 200000	000000000000000000000000000000000000000			26 28		98.1	Tymo	TO STATE OF	Hereign a	1980999		97
11/04/15 2330				13)			Machine	97.1	Tympa	2.7	ľ.	the and American Contract	<b>T</b>	97
11/05/15 0400				114	<u> </u>	24	Machine	1,7/,4,	1,131110	2111C	Ļ			

•	 11/04/15 0700	1		11/05/15 0700	*24 hr*
(ntake (ml) cmar, mee m20	480		620	264	884
IV: IVPB: otal Intake	470   125   1075	470   125   1075	620	264	884
Nutput (ml)	3		3	3	
Stool X: Tuid Belance	1075	1075	620	264	884



Willis-Knighton South Nursing \*\*LIVE\*\* Vital Signs / I&O / Diabetic Flowsheet

Page: 1

HENDERSON, AALIYAH L (K.000629604)

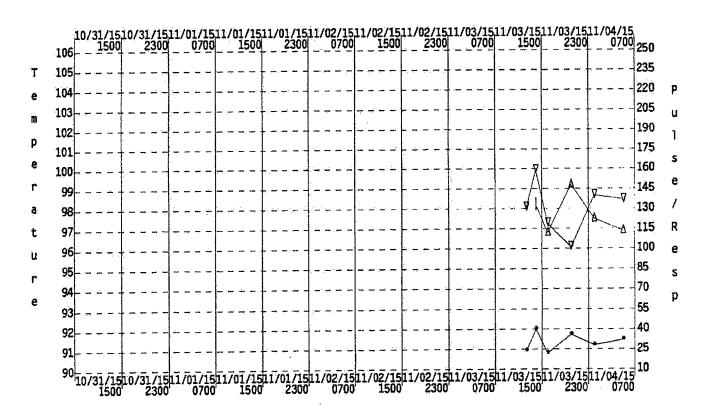
Age/Sex: 2Y 01M F Room: 5ES K E5518 I (Admitted 11/03/15)

96 hours from Oct 31, 2015 0701 to Nov 4, 2015 0700 Printed 11/04/15 at 0653 by WATSOJ1.NS

Vital Signs										
Date-Time	B/P	BP Pos	Pul se	RR	HR Src	Temp	Temp Src	Weight (LB)	Weight (OZ)	SA02:
11/03/15 1224			131	24						
11/03/15 1358 11/03/15 1500			159	40	Machine	98.2	Axillary	vicensia and a communicati	distance are more in	errote on order of
11/03/15 1500						PROMETER STATE	Caracter to construct to a construction		12.71	1
11/03/15 1600			119	22 36	Machine	96.8 99.2	Tympanic Tympanic	alamanananan i missari	A. 1193 Small x 3 N	96
11/03/15 2000			101	36	Machine	99.2	Тутрапіс			
11/03/15 2200				and the engine	an en interniscionen este si i	et karatan ana ana babata b	siania salahan saik, musik	1.27 	11.4	·
				28	Machine	97.5				9/
11/04/15 0500			137	32	Machine	96.9	Tympanic	<u> </u>	<u> </u>	100

Period: 12.00	11/02/15	11/03/15	1 .	1	11/04/15	
Hrs Ending	1900	0700	*24 br*	1900	0700	*24 hr*
Intake (ml)					480	480
	bbabadatasta trasticacanicas; r.		to no come constraint and a sure	Anna managements and man	470	470
IV: IVPB:					125	125
rotal Intake					1075	1075
Output (ml)				ad sacasta to the	Limite	ļ ,
Void X MM:						Report of the control
Fluid Balance				1	1075	1075

o O/Orally | A/A>
it Off graph A/Axillary X / • Resp. Rate: V Heart Rate: Δ T/Tympanic • R/Rectal/No Response



## Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 147 of 333 Page 1572 of 7/58

RUN DATE: 10/01/19 RUN TIME: 1347 RUN USER: PARRM.HM

Laboratory System \*Live\* WKS Discharge Summary Report PAGE 1

### LOCATION

U #: K000629604 PATIENT: ACCT #: K31687676 LOC: 5ES L REG: 11/02/15 AGE/SX: 2Y 01M/F ROOM: K.E5518 STATUS: DIS IN BED: DIS: 11/05/15 REG DR: Tran, Sharon N M.D.

Day	1		
Date	NOV 2		
Time	2240	Reference	Units
> Glucose	(a) H	(70-109)	mg/dL
Potassium	5.4 H	(3.5-5.1)	mmol/L
Sodium	141	(136-145)	mmol/L
Chloride	108 H	(98-107)	mmol/L
CO2	25	(21-32)	mmol/L
BUN	11	(7-18)	mg/dL
Creatinine	0.43		mg/dL
Calcium	9.8	(8.5-10.1)	mg/dL
> Anion Gap	8.0	(5.0-15.0)	mmol/L

152 H NOTES: (a)

See also (b)

(b) Glucose Reference Ranges:

Fasting Glucose Level: 70-109 mg/dL Impaired Fasting Glucose: 110-125 mg/dL

Defined by the ADA as a category at risk for future

diabetes and cardiovascular disease.

The American Diabetes Association (ADA) recommends the following criteria for the diagnosis of diabetes: Abnormal Fasting Glucose: >=126 mg/dL Symptoms of diabetes and a random glucose: >=200 mg/dL

Age/Sex: 2Y 01M/F Acct#K31687676 Unit#K000629604 Patient:

# Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 148 of 333 PageID #: 1188

RUN DATE: 10/01/19 RUN TIME: 1347 RUN USER: PARRM.HM Laboratory System \*Live\*
WKS Discharge Summary Report

PAGE 2

### LOCATION

	L	#K31687676	(Continued)	
		HEMATOLOGY		
Day	1 NOV 2			
Date Time	2240		Reference	Units
1 TITE	2240		1101010100	
> White Blood Cel	22.2 H		(5.0-12.0)	10 <sup>9</sup> /L
=> Red Blood Cell	5.15 H		(4.1-5.1)	10^6/uL
=> Hemoglobin	10.9 L		(11.0-14.0)	g/dL
=> Hematocrit	35.2		(33.0-42.0)	90
=> MCV	68.4 L		(74.0-89.0)	fL
=> MCH	21.3 L		(27.1-34.2)	pg
=> MCHC	31.1 5		(33.0-35.6)	g/dL
=> RDW	17.2 H		(12.0-14.5)	8 0 4 2 /t
> Platelet Count	481 H		(130-351) (6.6-10.2)	10^3/uL fL
> Mean Plt Volume			(Not Estab.)	§ [17]
> Neutrophils	89.4		(Not Estab.)	9
-> Lymphocytes	6.2		(3-10)	9
=> Monocytes => Eosinophils	4.1		(0.0-8.0)	
<pre>&gt;&gt; Eosinophils &gt;&gt; Basophils</pre>	0.3		(0.0-3.0)	<b>%</b>
> Neutrophils #	19.8		(Not Estab.)	10^3/uL
> Lymphocytes #	1.4		(Not Estab.)	10 <sup>9</sup> /L
> Monocytes #	0.9		(Not Estab.)	10 <sup>3</sup> /uL
> Eosinophils #	0.0		(Not Estab.)	10 <sup>3</sup> /uL
> Basophils #	0.1		(Not Estab.)	10 <sup>3</sup> /uL
	V	iral Respiratory Pane	1	
			***	<del>-</del>
Day	2			<del>-</del> · ·
Day Date	NOV 3			Inita
Day			Reference	Units
Day Date Time	NOV 3 1815			Units
Day Date Time	NOV 3 1815			Units
Day Date	NOV 3 1815			Units
Day Date Time > Adenovirus PCR > Coronaviru 229E	NOV 3 1815			Units
Day Date Time -> Adenovirus PCR -> Coronaviru 229E -> Coronaviru HKU1 -> Coronaviru NL63	NOV 3 1815 (c) (d) (e)			Units
Day Date Time	NOV 3 1815 (c) (d) (e) (f) (g) (h)			Units
Day Date Time	NOV 3 1815 (c) (d) (e) (f) (g) (h)			Units
Day Date Time	NOV 3 1815 (c) (d) (e) (f) (g) (h)			Units
Day Date Time	NOV 3 1815  (c) (d) (e) (f) (g) (h) (i)			Units
Day Date Time  Adenovirus PCR  Coronaviru 229E  Coronaviru HKU1  Coronaviru NL63  Human Metapneum  Human Rhino/Ent  Influenza A PCR	NOV 3 1815  (c) (d) (e) (f) (g) (h) (i) (j)			Units
Day Date Time	NOV 3 1815  (c) (d) (e) (f) (g) (h) (i) (j)  etected etected			Units
Day Date Time	NOV 3 1815  (c) (d) (e) (f) (g) (h) (i) (j)  etected etected etected etected			Units
Day Date Time	NOV 3 1815  (c) (d) (e) (f) (g) (h) (i) (j)  etected etected etected etected etected etected			Units
Day Date Time	NOV 3 1815  (c) (d) (e) (f) (g) (h) (i) (j)  etected etected etected etected etected etected etected etected etected etected			Units
Day Date Time  > Adenovirus PCR > Coronaviru 229E > Coronaviru NL63 > Coronaviru OC43 > Human Metapneum > Human Rhino/Ent > Influenza A PCR  MOTES: (c) Not Do (d) Not Do (f) Not Do (g) Not Do (h) Not Do (h) Not Do	NOV 3 1815  (c) (d) (e) (f) (g) (h) (i) (j)  etected etected etected etected etected etected etected etected etected etected etected etected etected			Units
Day Date Time  > Adenovirus PCR > Coronaviru 229E > Coronaviru NL63 > Coronaviru OC43 > Human Metapneum > Human Rhino/Ent > Influenza A PCR  (d) Not Do (f) Not Do (g) Not Do (h) Not Do (i) Not Do (i) Not Do (ii) Not Do (ii) Not Do (ii) Not Do (ii) Not Do (ii) Not Do (ii) Not Do (ii) Not Do (ii) Not Do (iii) Not Do (iiii) Not Do (iiiiii) Not Do (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	NOV 3 1815  (c) (d) (e) (f) (g) (h) (i) (j)  etected etected etected etected etected etected etected etected etected etected			Units
Day Date Time  > Adenovirus PCR > Coronaviru 229E > Coronaviru NL63 > Coronaviru OC43 > Human Metapneum > Human Rhino/Ent > Influenza A PCR  (d) Not Do (f) Not Do (g) Not Do (h) Not Do (i) Not Do (i) Not Do (ii) Not Do (ii) Not Do (ii) Not Do (ii) Not Do (ii) Not Do (ii) Not Do (ii) Not Do (ii) Not Do (iii) Not Do (iiii) Not Do (iiiiii) Not Do (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	NOV 3 1815  (c) (d) (e) (f) (j) (i) (j)  etected etected etected etected etected etected etected etected etected etected etected etected etected etected etected etected			Units

Page 1574 of 1758

RUN DATE: 10/01/19 RUN TIME: 1347 RUN USER: PARRM.HM

Laboratory System \*Live\* WKS Discharge Summary Report PAGE 3

### LOCATION

Patient:	#K31687676	(Continued)
Viral	Respiratory Panel Cont	inued
Day 2 Date NOV 3 Time 1815		Reference Units
=> Influenza B PCR (k) => Parainfluenza 1 (l) => Parainfluenza 2 (m) => Parainfluenza 3 (n) => Parainfluenza 4 (o) => RSV (p) => Bordetella pert (q) => Chlamyd pneumon (r) => Mycoplas pneumo (s)		(Not Detect)
	"	
Test Day Date Tim	e Result Refe	rence Units
=> M pneumo IgM 2 NOV 3 185	5   POSITIVE   (NEG.	ATIVE)
Source: Blood		
> Culture, Blood	Final 11/09/15	
	NO GROWTH AT 5 D	AYS
NOTES: (k) Not Detected (l) Not Detected (m) Not Detected (n) Not Detected		
(o) Not Detected		
(q) Not Detected		· .
(r) Not Detected (s) Not Detected See also (t)		
(t) Note: Methodology: PCR	FDA approved multiplex	nested real time
1541 F	rsity Health Shreveport lings Hwy. eport, LA 71103-3932	Virology Lab
Patient: L	Age/Sex: 2Y 01M/F	F Acct#K31687676 Unit#K000629604

57.5 SRC D PS D PS D PS D PS

DATE & TIME DIRECTIONS

COVP BY

11/03/15 1337 AS NEEDED 11/03/15 1356 ADVET 11/04/15 0108 PRIX

11/03/15 TS 11/03/15 TS 11/03/15 CZP 11/04/15 JW

ADDITIONAL INTERVENTIONS

\* RT - Initial Assessment

\* Patient Education

\* Patient Assessment Assessment Assessment / Wanagement - PEDI

\* Patient Option of the effectiveness of medications given specifically

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Page 1 Printed 10/01/19 at 1353	STS		c.	<del></del>	(A		Ω	ţ	3.			ค	t)	Ω.	ñ.	_ 6	9 6	) F	FL f	.A.	A		D	_		ħυ			А		<del>,</del>	1	О	ດ		Ţ	υ		ţ	) n
Status: Discharged Initiated: 11/03/15 Completed: Protocol:	DACE & TIVE DIRECTIONS				11/03/15 1354 06,18		11/03/15 1354:06,18	איס ישכי שיל נטל וו	יייין אַרַנְיִּ כִּדְּיִנְיִּיִּיִּ			111/03/15 1354 MEALTINES	11/03/15 1354 XEALTINES	11/03/15 1354.Q3H	XIIWC 35EI 91/E0/II	VIEW 251 37 60/ 11	11/03/13 1334 LALLIA	11/04/15 135/10 \	11/03/15 1354 DALLY	11/03/15 1354 AS NEEDED	11/03/15 1354.DAILY					11/03/15 1354.Q2H -11/03/15 1354.Q2H			11/03/15 1354 AS NEEDED				H9010000 87/20/77	HBO 0777 51/56/11,		Andrew to the first the first territory and the first	11/03/15 0000 PAEX		TELESTIC 0000 11 11 11 11 11 11 11 11 11 11 11 1	11/04/15 1729 Q2H
	COMP BY				-																,					\$1/63/11  \$1/63/11  \$1/63/11											11/04/15 DRW			
	YE TIVE		ST/63/12		11/03/15 CCP		11/03/15 CT	a-/ co/	103/13 CF			. 11/03/15 CJP	. 11/03/15 CUP	11/03/15 CUP	11/03/15 CJP	Cr. 7-7-17-1	50 57 50/ t.		11/03/15 CUP	11/03/15 CTP	11/03/15 CUP	11/03/15 CTP	11/03/15 CTP			11/03/15 CTP 11/03/15 CTP			11/03/15 CP			-	Z_/03/ZZ _Z	11/04/15 DRW			21/03/15 TS		334 = 1/20/ · E	11/04/15 388
##ILLS-Knighton South Nursing **LIVE** Patient's Plan Of Care - PRJATRIC BASIC FLAN OF CARR	COX BY THE ENDING SECTIONS		* Reassessment (Palation - Bediatrics	Direction ->07,19 Docament when done	* Intake	- PROTOCOL: 160		- F301000.: _80	Vital Signs taken by a NVI are reviewed	by an RN.	- PROTOCOL: VITALSINGS	* Feed With Assistance - Promoon: Fernant	* Formula Prep	* Feed Formula Fer Family Or Staff	* Bath, Total Bed - Toddler	- PROTOCOL: MALECONE		* Clerry Visire	* Physician Rounds	* Discharge Assessment/Planning	i* Weight, Daily, FEDT Or NSY	* Pain, Infant Scale	Also periorm Pen lor paintul procedures: * Critical Value Reporting			* Safety Checks * _v Site #1 Check/Care			* Patient Education			-	* RT - Aeroso Therapy	.* RT - Aerosol Therapy	11/64/15 DRW	31/13/15 31/04/15 DKW			* Byzastkimy Barrown Twyffontium	, 22 Delivery
Attending: Tran, Sharct N.M.D. Account #: K31687676 Location: 5ES Rocm/Bed: K.ES518-1	STE THE STEET	D 11/03/15 CJP	2 11/03/15 CJP   11/07/15				****							** ***	-						• ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		D 17/03/75 CJP	2 11/03/15 CJP '11/07/15		D 11/63/15 CJP	D 11/03/15 CJP 11/01/15		71/03/15 TG	i	D 11/03/15 75 11/13/15	-	-	C 11/03/15 TS	1 C 11/03/15 TS 131/13/2		D 11/04/15 DSS	SI/10/II SSG SI/50/II C	-
		are	be provided.																						to patient.			rbalize	osis and	SED RESPIRATORY	R ROIENTIAL TO	t bronchospasm,			ACTUBE AND/OR	on, correct	oxia.	ective	HIVE:	
Age/Sex: 4Y 04M F Unit #: KOCO629604 Admitted: 11/02/15 at 2235 Status: DIS IN		Basic Pediatric Nursing Care	* Basic nursing care will be provided						and to a															INCLERY, POTENTIAL FOR			KNOWLEDGE DEFICT	* Patient/Family Will Verbelize	Understanding of Diagnosis and	STERLINE NUMBER OF STREET SECRETARY	FUNCTION, ACTUAL AND/OR POTENTIAL TO	* RI: Correct or prevent bronchospass,	improve preath sounds.		RT- HYPOXEMIA OR HYPOXIA, ACTURE AND/OR	* RT: Improve oxydenation, correct	hypoxenia, prevent hypoxia	Breathing Pattern, Ineffective	* ALKWAY BREAL BLING EFFECTIVE	

Page 2	10/01/19
Printed	at 1353

Status: Discharged Unitiated: 11/03/15 Completed: Protocol:

HENDERSON WILLS-Krighton South Nursing **IVE** Patient's Plan of Care - PEDDIANC BASIC PLAN OF CARE	DATE & TIME DIRECTIONS	11/05/15 1628 AT TIME OF DISCHARGE	
Attending: Trum, Sharon N.M.D. Accourt #: X31687676 Location: 575 Room/Bed: X.25518-1	THE ENT COMP BY	11/05/15 21.8	Marse Type
2235	TIONAL EXTERNENTIONS	for the control of pain. Ask patient to be specific regarding location, severity, and type of pain.	tials Name
/Sex: 4Y O4M F it #: KCCO629604 tted: 11/02/15 at atus: DIS IN	TIONAL N	for the cortic Ask patient to regarding locations of the location of the locat	Scram Initials

	_							
Nurse Type		Ķ	. R87	ĸ	RNAEP	. RXC	٠ ري	
or and		CITARD, CASSANGRA	WILLIAMS, DEBUR R	SINTSON, DIAMA S.	WATSON, JESSICA	BROOKS, TERK 1	STRES, TANYA	
9,00		COCKC4.NS	WILLID.RT	BAYNED. NS	WATSOL' NE	EKOCKT.NS	JONEST .R.	
	9	<u>ر</u>	. MEK	SS	í,	m.	ę;	

Tyan, Sharon N M.D. K31687676 Willis-Krighton South Nursing **LIVE X.E5518-1 HIYS PRINT ALL NURSING INFORMATION
Sts Divections
ted its Chang
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<del>()</del>
Goal Note:
Reordened
UP ZIPM IN ER HOLDING, WEANED TO LIPM SMI REMAINS 100%, REPASSESS OZ PROTOCCE DAILY. SAT WAS 93% ON ZIPM WEN SHE FIRST CAME IN ER.
5d 0.0
Cognitive limitations that may affect learning (Y/N): N If YES, describe: Emotional limitations that may affect learning (Y/N): N If YES, describe: If patient has pain, what issues have been discussed with patient regarding this:
issues: Y TWO Pt. IDENTIFIERS CHECKED

## Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 153 of 333 PageID #: 1193

				1193	Page 1578 of 1758
Page: 2 of 39	Printed 10/01/19 at 1353	FYORT.	Se Se Se Se Se Se Se Se Se Se Se Se Se S	=> 11/13/15 CP => 11/3/15 => 11/3/15	8 6 6 6 6 6
	Printe	Sts Directions Documented Comment Units	A AS NEEDED	A QZH None =>  A QZH 11/13/15  A QZH =>  A 11/13/15  A 11/13/15	A 11/01/15 A AS NEEDED A A AS NEEDED A A AS NEEDED A A B NEEDED A A B NEEDED A A B NEEDED
	k	Problem/Goal/Intervention Description Activity Occurred Recorded Type Date Time by Date Time by G	Tire: 1337  1337 TS: 11/03/15 1337 TS al Assessment 1337 TS: 11/03/15 1337 TS Time: 1338	Problem: RT- WHEEZING AND/OR ALTERED RESPERATORY FUNCTION, ACTUAL AND/OR POTENTIAL TO DEVELOP  Create 11/03/15 1338 TS 11/03/15 1338 TS  Create 11/03/15 1338 TS 11/03/15 1338 TS  Ed Target 11/03/15 1338 TS 11/03/15 1338 TS  990008-A RT - Aerosol Therapy Create 11/03/15 1338 TS 11/03/15 1338 TS  PROBLEM: RT - HYPOXEA, ACTUAL AND/OR POTENTIAL TO DEVELOP  Create 11/03/15 1338 TS 11/03/15 1338 TS  PROBLEM: RT - HYPOXEA, ACTUAL AND/OR POTENTIAL TO DEVELOP  CREATE 11/03/15 1338 TS 11/03/15 1338 TS  CREATE 11/03/15 1338 TS 11/03/15 1338 TS  CREATE 11/03/15 1338 TS 11/03/15 1338 TS  ACTIVITY DEVENUE THYPOXEA.  CREATE 11/03/15 1338 TS 11/03/15 1338 TS  ACTIVITY DEVENUE THYPOXEA.	
7	HINS-Krighton South Nursing **LIVE** HINS PAINT ALL NIRSING INFORMATION		Activity Date: 11/03/15 1-D Patient Ed - Create 11/03/15 99,0001-3 RT - Initi - Create 11/03/15 Activity Date: 11/03/15	Problem: RT- WHEEZI  - Create 11/ Coal: RT: Correct  - Toreate 11/ - Ed Target 11/ - Solous-A RT Create 11/ - Solous-A RT Create 11/ - FG Directs 11/ - FG Directs 11/ - Create 11/ - Create 11/ - Create 11/ - Create 11/ - Create 11/ - Create 11/ - Create 11/ - Create 11/ - Create 11/ - Create 11/ - Create 11/ - Create 11/ - Create 11/ - Create 11/ - Ed Target 11/ - Ed Target 11/ - Ed Target 11/	Problem: *Sasic Pediatric Nurse:
NOSEGNEH .C.M. N. CO. M. N. CO.	Wills-Krighton So HIYS PRINT ALL	Sts Directions From Documented Change	17.0ed) 25 28 28wæ	cori None  Coal Note:  Coal Note:  ELL. Pt.'S FLAST TREAMMENT GIVEN BY NURSE  A QZH  CJP  A QZH  B.0  CP	IV (#1) started:  A Q2:: A Q2:: A Q2:: Sespiration: Observed: Y Fail Precautions: Y Fail Precautions: Y Y Y Not Applicable J OW N
Attending: Tran, Sharon N M.D	Account #: K31687676 2235 Location: 5ES Room/Bed: K.E5518-1	vention Description Occurred Recorded e Time by Date Time	1/63/15 Time: 1224 (continued) - Aerosol Therapy (continued) HR 129 HR 24 GATTERED RHOXCH1 HBS GAME :	Sputum Aroci Sputum CODSISTER IC MASK. IOL V E: 1305 11/03/15 1942 heter (Y/N): 1	11/03/15 3/15
Age/Sex: 4Y 04M F	X0CC629604 II/02/IS at DIS IN	Problem/Goal/Intervention Description Activity Occurred Re	Activity Date: 11/63/15   1   990006-A	Effective cought Y  Increase Secretions  Spuries  Is Patient Progressing Toward Goal:  Comments/Plan: TX GLVEN VIA PEDIATRI  IN ER AT 0600AV  Activity Date: 11/03/15  Z00008  IV Site #1 Check/Care  Document 11/03/15 1305 CJP I  V Site #1: Left land Peripterally Inserted Central Cath Sate Description #1: Normal  Rate (Co/hx) #1: 00  Type Of IV Solution #1 (free text):  Site Changed #1: 11/03/15	1V Tubing Changed #1: PSI Limit Gentings #1: PSI Limit Gentings #1: PSI Actual Reading #1: V Dressing Changed Site #1: II/03/IS IV Dressing Changed Time #1: Date IV (#1) started: II/03/IS Time 20002 - Document

Printed 10/01/19 at 1353 MENDERSON / Attending: Tran, Sharon N.M.D. Account #: K31687676 Location: 5ES Room/Bed: K.E5518-1 Age/Sex: 4Y 04X F Unit #: KC00629604 Admitted: 11/02/15 at 2235 Status: DES IN

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Willis-Knighton South Nursing \*\*LIVE\*\*
HIYS FAINT ALL NURSING INFORMATION

Status: DIS IN KOOM/BEGI N.ESSIGII	A. INCRES	FRENT ALL NORSEING INFORMALLON
Problem/Goal/Intervention Description	in Chi	Problem/Goal/Intervention Description
Documented	:: . פַּיַיּ	Activity Occurred Recorded Documented Type Type Three
		The state of the s
Activity Date: 11/03/15 1254		Activity Pate: 11/03/15
4000:0 Vital Signs	e	ď
Viral Signs taken by a NAL are reviewed by an RN.		- Document
te 11/03/15 1354 CUP 11/03/15 1354 CUP		For patients presenting with the following symptoms:
Weight, Daily, PEDI Or NSY	<del></del>	Fevers or = 108.4 deg P, Headache, Muscle Pain, Vomiting
	Ů	Latika, Abbaniai rali, or biexpieried hencinage.
ce 11/03/15 1354 CJP 11/03/15 1354 CJP		Have you or a close contact traveled outside of the
450_CC	<u>.                                    </u>	continenta, us or come into contact Will an Ebola patient in the past 30 days? N
Feed With Assistance	O:	
- Create	0	it the diswer is Yes, ask where the patient or close contact has traveled
te 11/03/15 1354 CJP 11/03/15 1354 CJP	<del>,-</del>	Traveled to Where?
Feed Formula Per Family Or Staff	Ů	If they say Africa, please ask them where in Africa
. Create 11/03/15 1354 CP 11/03/15 1354 CPP A DATLY ROBERS PARTY	6	It trave, to Gither, hiberia, Nigeria, or Sierra Leone
ce 11/03/15 1354 CJP 11/03/15 1354 CJP		the MD, contact the Nursing House Supervisor, and
800516 Clergy Visits A DALLY	e C	Infection Prevention and Control.
FCC C:/C3/:1	,	
11/03/15 1354 CJP 11/03/15 1354 CJP		GENERAL DATA
3/15 135g CLP . 11 An /17		
GOAL: NO EVICENCE OF INJUITY TO DETLETT: A 11/01/15		YOCE UI ACHISSION: Parent's Arms
IV Site #1 Check/Care	ප	Franched Firm; Emergency Noun: I.J. Band Applied; Yes ID Band Applied
te 11/03/15 1354 CJP 11/03/15 1354 CJP		Patient Language and Communication Barriers
Safety Checks	ප	Do you have a Barrier to Communication $(Y/N): N$
- Create Problem: *KNOWEDGE DEFICIT A		when the services reached Interpretive Services Provided:
11/03/15 1354 CJP 11/03/15 1354 CJP	<del></del> ,	Interpreter ID Number:
11/03/15 1354 CJP	رة ري س ريا	Language Preference for Medical Communication: ENGLISH
Uddit raterij rater. Will velobilze A ii/U//-5 Understanding of Diagnosis and		if other, please specify: Patient Advocate Support Person
		Barrier to Communication (Y/N): N
',"	ტ	mignage recovered to their please specify:
eate 11/03/15 1354 CJP 11/03/15 1354 CJP		Do you want anyone notified of your admission?
Problem: RT- WHEEZING AND/OR ALTERED RESPIRATORY  Problem: RT- WHEEZING AND/OR ALTERED FESPIRATORY		Name and number of person to notify: $\frac{1}{1000} = \frac{1}{1000} = \frac{1}{$
SEVELOP		was contact haden
- Resequence 11/03/15 1354 CJP 11/03/15 1354 CJP Profilem: PT- PURDAYENIA OF HVROXIDA ACTIA: AND/OR A	3 <- 1	What HEALTH PROBLEM Brought You To the Hospital: TROUBLE BREATHING *Jamest Posmital brimt Within 20 have. N
		ingular congress from the first of Jays. It yes, when and for what:
- Resecuence, 11/03/15 1354 CJF 11/03/15 1354 CJP	2 H 5	DX #1: NA
Activity Date: 11/03/15 "1me: 1358		A FC: AN
	}	
1005/2 rediding Admit Assessment A ALVII - Create 11/03/15 1358 CJP 11/03/15 1421 CJP	Ą	Tempo: 98.2 Type Of Tempera Rate: 159 Heart Rate Sc
	_	40 SAO2:

Heart Disease: N Psych. Disease: N

Diabetes: Y Seizures: N

HISTORY Of: Asthra: Y Cancer: Y High Blood Pressure: Y Kidney Problems: N

FAXILY HISTORY Of: Asthma: Y

Gl Problems: N \*Heart Disease: N Resp. Problem: N

YROTETH CADIDIN

Does the PATIENT ONLY Have a History of:

---- DIABELIC HISTORY -----

GU Problems: N Seizures: N Seizures: N Hypertension: N Sickie Cell Trait: N Psychiatric Disorder(\$): N

Diabetes: None

Diabetes Treatment;

Have you ever received education about your diet: Have you ever received education about managing diabetes:

Character of Pain: Pain Relieved By: Duration Of Pain:

Does this patient have any food allergies/intolerance: N Food Allergies-Intol: NONE

Latex Allergy (Y/N): No, Latex Allergy

Allergyl-Med/Contact: NKDA Allergy2-Med/Contact: NKDA

Head Circ (cm): 46

---- PALN

Are You Having PAIN / DISCOVEORT NOW: N Location Of Pain:

Onset of Pain: Pain Frequency: Pair Made Worse By:

---- ALLERGIES ----

Cause of pain:

Does home blood sugars? (Y/N)

Was your last HighALC less than 8%;

Other Significant History of: PATIENT WAS BORN PHEMATURILY, PATIENT HAS A HISTORY OF

: ECZEMA.

Pain score:

Pain Scale Explained; Understanding Voiced:

What treatments might help the pain:

Who else have you consulted about

Pain scale used to assess pain: Patient's Acceptable Level of Pain:

pain:

Fear most about pain:

Problems caused by

Age/Sex: 4Y 04% E	Attending: Tran, Sharon N M.D.	HENDERSON,		Page: 4 of 39
unit #: K000629604 Admitted: 11/02/15 at 2235 Status: DIS IN	Account #: K31687676 Location: 55S Rocm/Bed: K.E5518-1	Willis-Knighton South Nursing **IJVE** HIYS PRINT ALL NURSING INFORVATION		Printed 10/CI/19 at 1353
Problem/Goal/intervention Description		Í	Problem/Goal/Intervention Description	
, ta	Docum	E C	Sts Direction ity Occurred Recorded Document	From
Type Jace 1	Date lime by Late lime by Comment Units	Change	Type Date lime by Date Time by Comment Units	Change
Activity Date: 11/03/15	Time: 1358 (continued)		Activity Date: 11/03/15 Time: 1358 (continued)	
100522 Fediatric Agnit Asses HT.(FT): WI.(LB):	Fediatric Admit Assessment (continued) (FT): Weight Source: Pediscale		100522 Pediatric Adrit Assessment (continued) Wother's Prenaral History: HIGH BLOOD FRESSURE DURING PREGNANCY, EXCESSIVE PROTEIN	ä

Previous Surgeries: NONE		is the Patient having surgery? N last Food or Drink Intake. Date: Time:	Have you or may of your relatives had any problem with anesthesia/sedation (high fever,	difficulty awakening, enc): N	If VES, explain:		NUSCULOSKELETAL.	Musculoskeletal / Functional Limitations: None	Site Of Abnormality/Limitation 1: Not Applicable	Site Of Abnormality/Limitation 2: Not Applicable	Gait: Unsteady: N Difficulty Walking: N		GASTROINTESTINAL	Nurritional Problems: No Problem Stated GI Problems: Not Applicable	Current Problem: Not Applicable Abdomen: Soft/Active Bowel Sounds	Abà. Girth (cm):	Rowel Sourds: Present	Ostomy: Mot Applicable Diet: REGULAR	Date Of Last Bowel Movement: 11/62/15 Receiving *TRN: N *Tube Feeding: N	GENITORINARY
Pr			LAST TAKEN Ha	CACE TEXE	41 F1			<u>ξ</u>				.,		 N	••					
		ALL Medication Information Unobtainable: N		FREQUENCY 3	••	••				**				**		••				
ONS	A. LERGIES	ication Informat		ROUTE																
11	الات ا	. Med																		
Laminizations Current: Y Commont: Flu Vaccine this Ilu season (Sep I - Nar 31): No	XEDICATION LIST & ALLERGIES	Current Meds or Herbais Being Taken: N ALL		COSE																

| Urogenital Tract Female: No abnormalities

Parent Informed Of Policy Regarding Outside Medications: Y

	Page: 5 of 39
%000629604 Account #: K3.6876	1115-Knighton South Nursing **L.VE** HIYS FRINT A.L. NURSING INFORVATION
Problem/Goal/Intervention Description Stroplem/Goal/Intervention Description Stroplem Strople	Problem/Goal/Intervention Description Sts Directions From Sterivity Occurred Recorded Documented Charce Inne by Comment Units Charce
Activity Date: 11/03/15ime: 1356 (continued)	Activity Date: 11/03/15 Time: 1358 (continued)
essment (c	100522 Pediatric Admit Assessment (continued)
Uzination: Normal voiding pattern Color Ci Urine: Avi Cabakves Turcs: NONE Foley: N Ostory: Not Applicable	Chable to Assess Incision; Dressing Intact: [Location:
Resp. Effort: Normal Respiratory Comment: No Distress Breath Sounds: Wheezing Cough: Moist Cough Secretion Anount: Not Applicable Tracheostomy: N	Drainage:  Level Cf Alerthese: Responds to parent  Specification operations Dominant Side Weak: NO WEARCHES FOUND  Specification of the
Heave Sounds: Recular	
Edera: Nore Pulse Quality: Normal Pulsation Abrormal Pulse Location (s): NONE	Oriented To: Person/Family: Yes
Translusion: N Reaction: 11 Yes, Explain: Capillary Refill greater than 3 seconds: N Location:	Tine: No
SKIN	Answer Y/N to appropriate category. Review abscrib1 results Answer Y/N to Appropriate Responses Nowice. N
Is this a FRE-ADMT Assessment: N I verify that I have performed a complete skin assessment and documented all findings below. Skin Temperature/Character: Warm & Dry	<del></del>
Pressure Jicer/Skin Impainment on Admit: N If YES, list all location(s) and use the Skin Description lockup and/or Free Text for EACH. If >10 locations, document remaining in a Patient Note.	0000
IOCATION SKIN DESCRIPTION : : : : : : : : : : : : : : : : : : :	3 Months: N  Is Baby Able To Hold Its Head Steady When In Sitting Pos.:  Does Your Baby Pollow Moving Objects With Its Eyes:  Does Your Baby Wake Any Sounds Besides Crying And Coolng:  Does Your Baby Wake Any Sounds Besides Crying And Coolng:
	6 Monthe: N  Does Your Baby Reach For Objects Out Of Its Reach:  Does Your Baby See Small Objects, Such As Raisins:  Does Your Baby See Small Objects, Such As Raisins:  Does Your Baby Imitate Speech Sound:
FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, odor, etc): :SKIN INTACT ::	9 Wonths: N Does Your Baby Wave Bye-Bye: Does Baby Transfer An Object, Ex. Rattle, From Hand To Hand: Does Your Baby Make Dada And Wama Sounds: Does Baby Stard Up Holding Onto Someone Or Something:
	12 Months: N Does Your Child Play Patty-Cake:  Does Child Hold An Object In Each Hand & Bang Incm Together:  When Child Says Mama/Dada, Is It Said To Ine Approp Person:

Age/Sex: 4Y 04% F Attending: Tran, Sharon N M.D. Unit #: X000629604 Account #: K31687676			39
t 2235 Location: Room/Bed:	Willis-Knighton South Nursing **LIVE HINS PRINT ALL NURSING INFORMATION	printed 10/01/19 at 1353	Ca:
Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Date Time by Comment	Prom	Problem/Goal/Intervention Description Standins Standins Fractions Activity Occurred Recorded Documented Charge Time by Date Time by Comment Units Charge	From
Accivity Date: 11/03/75 Time: 1359 (continued)	Activ	Activity Date: 11/03/15 Time: 1358 (continued)	
(0522 Fediatric Admit Assessment (continued) Is Child Able To Stand Alone For At Less, Two (2) Seconds:	100522	Pediatric Admit Assessment (continued)	
18 Months: N  Does Crila Drink From A Regular Cup Without Spilling:  Does Your Crild Scribble When Given Crayons And Paper:  Does Your Child Say Three (3) Words:  Can Child Walk All The Way Across A Lg. Em. W/O Falling:	24 WELL WE DO YOU	14-18 YEARS: N With Woom Do You live: Well Me About Your Family: Do You Have Any Brothers: How Many Brothers: Do You Have Any Stelors: How Many Sisters:	EEF-IVILE
	Are Yo	Are You Able To Talk To Your Parents: Some Things? Most Things? All Things? Nothing? Able Talk To Parents:	
Is your Child Able To Remove All His/Hor Clothes: No Is Child Able To Stack 4 Objects, Blocks,On Top Of Ea Other: No Does Your Child Combine Words: No Is Your Child Able To Kick A Ball Forward: No	What I Wat I Wat K	What Grade Are You In School: What Is Your Favorite Subject: Khat Kind of grades Go you make (Good/Fair/Poor): What Kind Of Hobbies Do You Have:	
<pre>1 Years: N Is Your Child Able To Wash And Dry His/Her Hands: Is Your Child Able To Name At Least Four Items In A Book: Does Child Comprehend At Least 2 Action Words, ie Dog Barks: Is Your Child Able To Throw A Bail Overhand:</pre>	Do you  Axe you  Have Y  TE NOT	Do You Belong To Any Clibs, Groups, or Gangs: Which Ones: Are You Allowed To Date Yet: Have You Had Sex Education At School: If Not, Refer To Monthly Program Growing Up Girls/Boys: Interested In Program:	1197
4 Years: N  Does Your Child Dress Him/Herself Without Help: Is Your Child Able To Draw A Circle By Copying: Does Child Use At Least Four Diff Action Words (Verbs): Does Your Child Hop On One Foot:	Femele If Yes	Not interested in Program: Females: Y Have you had your first period: N If Yes, what age (yrs) did you have your first period: NA If Yes, When Was Your Last Feriod: NA	-iieu 05/
5 Years: N Does Child Play Board/Card Games With You / Other Children: Is Child Able To Draw The Head & 2 Other Parts Of A Person:	Birth Flace Compli	BITCH WE (LDS): 1 BITCH WE (OZ): 2 BITCH LENGTH (LC): 18 Place of Bitch (City and Hospital): SHREVEPORT, LOWISIANA COMPLICATIONS AT BITCH: Y If yes, WHAT: HAD TO INDUCE LABOR DUE TO PROTEIN IN ANNIOTIC FLUID	
Is Your Calld Able To Name Four Different Colors: Can Your Child Broad Jung: No	, red X	Does Patient Use Tobacco: N Type of Tobacco Used: Now Much Tobacco Used: How Much Tobacco Used: Does Caregiver Smoke: N	Page
6 Years: N  Can Your Child Repeat Five Numbers In Proper Sequence:	Does	Does Patient Drink LiguoR/BEER/WINE: N Type Of Alcohol Consumed: If Yes, How Much:	
Is Your Child Able To Define Words, Ie. Bacana Is A Fruit: Can Your Child Skip:	ov voc Transita Spirit	Do You Have a RELIGICUS AND/OR CULTURAL TRADITION We Need To Consider: N If YES, What: Spiritual Support Request No	Page 158
7-10 Years: N 1s Your Child In The Grade Appropriate For His/Her Age:		Potential Barrier to Learning: None	2 of 1
Has A Friend He/She Plays W\ Ch A Reg Basis Oltside School:  11-13 Years: N  Is Your Child in The Grade Appropriate For His/Her Age:  Does Child Intiate And Complete Tasks Or School Projects:  Child Has A Group Of Peers W\ Whom Yuch Free Time Is Spent:	FEMOLI Should DO YOU DO YOU FOR YOU	*Emotional/Psychiatric Assessment: Pediactric/ quiets easily Should Anyone Else Be Included in Your Teaching: N If Yes, Wio: Do You Have Inoughts Of Harming Yourself: No Do You Heal Abused Or Neglected In Aryway: No Are You In a Situation Wrich Causes You Fear, Pair or Injury: No	geid #. 1758

Case 5:19-cv-00163-EEF-MLH	Document 49-4	Filed 05/07/20	Page 158 of 23% Page D #:
	1198		3

		NOSRECNEH		Page: 7 of 39
<pre>tmit #: X000629604 Admitted: 11/62/15 at 2235 Status: DIS IN</pre>	Account #: K31687676 Location: 525 Room/Bed: X.E5518-1	Willis-Knighton South Nursing **LLVE HIMS FRINT ALL NURSING INFORMATION	•	Printed 10/01/19 at 1353
Problem/Goal/Intervention Doscription Activity Occurred Re	Recription Sts Directions Recorded Documented te by Date Time by Comment Units	From	Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units	From d Grange
Activity Date: 11/03/15	Time: 1358 (continued)		Activity Date: 11/03/15 Time: 1358 (continued)	
100522 Pediatric Admit Assessment (con Freegency Contact: Name: Elizabeth Alexander Cothor Number: 318-489-0231 Othor Number:	Pediatric Admit Assessment (continued) act: Name: ElizaberH AlexaNDER me Number: 318-489-0231 or Number:	,	100522 Pediatric Admit Assessment (continued) Fall Precaution #3: Other Precautions: ADMIT SUPERVISION AT ALL TINES Other Precautions: ADMIT SUPERVISION AT ALL TINES	
PATIENT IS AN ENEANT: N GLASSES: NOT Applicable Hearing Aid(s): Not Applicable Clouises: Retained In Room Credit Cards: Not Applicable Femalian Not Applicable	MIRBLES/ASSISTIVE DEVICES CONTACTS: NOT Applicable Dentures: Not Applicable Mallet: Not Applicable Ward: Not Applicable	/Xone	SENS PERCEP Completely limited Very limited Slightly limited MOISTURE CONSTANTLY MOIST VERY MOIST COCASIONALLY MOISTURE CONSTANTLY MOIST COCASIONALLY MOISTURE ACTIVITY Bedfast Chairfast Walks Occasionally MOBILITY Completely Immobile Very Limited Slightly limited NUTRICALLY Abequate Ears/12 Abequate Ears/12 Andrews Ears/12 Abequate Ears/12 Andrews Department of the Complete Comp	A NO impairment Rarely Moist RottbiapGng Age Appropriate No Limitation Excellent No Annarent Problet
Ocher: Ocher: Ocher: Cane: N Walker: N W/C: N Advised To Keep Glasses, Contacts, Centur	Disposition: Disposition: Disposition: Ss, Etc In Drawe		Moderate Assist William  Moderate Assist William  Extremely Compromised Compromised Abequ  O2<55% cap>2sec  Cap=2sec  No impairment  No impairment  No impairment  No impairment  No impairment  No impairment  No impairment	Excellent  Excellent  02>95% cap<2sec
Have for Signed All ORGAN DOMAINO CARON NACON TRECED Y Recent Mistory Of: Falls: N Bed Rails: Y Recent Partily Oriented To: Call Light: Y Nursino Bedside Rounds: Y Nursino Bedside Rounds: Y	*Family Or Sitter: Const *Restraint lype: Bed Control: Y	y Te_ephone: Y inc Policy: Y		1198
Pediatric Fall Risk Assessment	IV Pumps/Other Equip: Y Rocker: N Environmental Factors: 2	Highchair: N Supples: Y	Pr. Safety Information Booklet given to pr/family: Y LPN Who Assisted In Data Collection:	
Age: 4 (4) Less than 3 years old (5) 3 to less than 7 years	(4) History of Fall or Placed in Bed (3) Patient uses assist	Infant-Toddler Lve devices or	RN Signature: C POLIARD, RN Activity Date: 11/03/15 Time: 1400	
(2) 7 to less than 13 year Old (1) 13 years and above Gender: 1 (2) Male (1) Female Diagnosis: 3	0.cd (2) (2) Respon	ib or d m/Amestiesia 0	100006 Discharge Assessment/Planning A AS NEEDED - Document 11/03/15 1400 CJP 11/03/15 1945 CJP	ā.
(4) Neurologica. Diagnosis (3) Alleration in Oxygenation. Respiratory Diagnosis, Dehydration, Arenia, Anorexia, Syrcope, Diziness, etc. (2) Psych Diagnosis, Disorders (1) Chier Diagnosis, Disorders (2) Chier Diagnosis.	(3) Willin 24 hours (2) Willin 48 hours (2) Wore than 46 hours Medication Usage: 1 (3) Miltiple usage of: 5 Sarbituares, Phemot depressate, Laxati	Sedatives, Hypnotics, hizzines, Anti- ves/Diuretics,	Discrarge Problems/Needs Identified: Y :ACTIVITY : S/S RESP DISTRESS :AEDS : POLLOW UP : FOLLOW UP	
(3) Forgets inmitations (1) Oriented to Own Ability Fall Precaution #1: Yellow fall wristband	(2) (1) Fali Ri S	ed above	Arrangements Made to Meet Need(s): Y :ONGOING::::::::::::::::::::::::::::::::	
Fall Precaution #2: Personal items in reach	al items in reach			

Page: 8 of 39 Printed 10/01/19 at 1353 Willis-Knighton South Nursing \*\*LIVE\*\*
HIMS PRINT ALL NURSING INFORVATION Attending: Tran, Staron N.W.D.
Account #: X31687676
Location: 5ES
Room/Bed: K.ES518-1 Age/Sex: 4Y 04X F Unit #: K00C6296C4 Admitted: ::/C2/15 at 2235 Status: D.S IN

Status: D.S IN Room/Bed: K.E.Sile-2.	HIMS PAINT ALL NURSING INFORMATION			
Problem/Goal/Intervention Description	Problem/Goal/Intervention Description	On the Directions		
ted its Chano	Activity Occurred Type Date Time by D	ted its Chano		
Activity Date: 11/03/15 Time: 1460	Activity Date: 11/03/15 Time	Time: 1400 (continued)		
100507 Reassessment/Evaluation - Pediatrics A Direction: ->67,19 Document when done - Document 11/03/15 1400 CJP 11/03/15 1948 CJP 6.0	100507 Reassessment/Fvaluation - Ped Maintain Peripheral IV or PRN Adapter Y/N;	Reassessment/Fvaluation - Pediatrics (continued) deposes IV or PRN Adapter Y/N: Y		
Date: 11/03/15 Shift: 7A - 7P	*Restraints: N *Restraint Type: Has patient had an adverse drug reaction this shift: N	this shift: N		
Focus / Plan for the Day: BREATHING TX, COMFORT, SAFETY, IV FillidS Plan Of Care Discussed With Patient: Y Plan Of Care Updated: 11/01/15	ĭf yes, name of Med:	Type of Reaction:		
Wound: N Dressing: N Drain: N Pain At Present Time: N Swallowing Difficulty: N	Does the Patient Have any Complaints Or Specific Needs: Y Specific Needs: Syscific Needs: S/S RESP DISTRESS Specific Needs:	: Or Specific Needs: Y		
Level Of Alextness: Responds to parent Pupillary Reaction: Equal/Reactive *Enotion/Psych Assmt: Calm Responds: Spontaneously Averallary N	Precautions: N Type of Precautions: None	Precautions: N Type of Precautions: None Standard Precautions: Y None Standard Precautions: Y Nonethine his Describe Confirmed in advants of air Curdone or 1973 Pilland Political No. 1975 Pilland Political No.		
	*IS patient DO NOT RESUSCITATE: N	ייניים בייני כיינים ביינים  9-7g	Pediatric Fall Risk Assessment	Environnell Factors: 2 (1) 1: story of Fell or Triant -Todg er
Normal Pulsation	ses than 3 years old	Placed in Bed		
Edema Of Extremity: None Homel Sounds Homan's Sign: Not Indicated Abdomen: Soft/Active Bowel Sounds Bowel Sounds: Present	(3) 3 to less than 7 years old (2) 7 to less than 13 year old	(3) Patient uses assistive devices or infant-Toddler in Crib or		
The second of the fat. N Proc Of and Description	(1) 13 years and above	Furniture/Lighting		
Howe Novement Ins bill: N Late Ut Last Howe Movement:	(2) Wale (1) Female			
Are You Having PAIN / DISCOMPORT NOW: N	Diagnosis: 3	Response to Surgery/Secation/Anesthesia 0		
	(4) Neurological Diagnosis (3) Alteration in Oxygenation	(3) Within 24 hours (2) Within 48 hours		
Duration of Pain:		Û		
Character of Pain:	Anemia, Anorexia, Syncope,			
Ciset of Main: Pain Relieved 3V:	Diziness, etc. (2) Psych/Behavioral Disorders	(3) Mulliple Usage of: Sedatives, Hydrotics, Barbitrates, Phemothiazines, Anti-		
Pain Made Worse By:	(1) Other Diagnosis	depressants, laxatives/Diuretics,		
Pain scale used to assess pain: FLACC Pain score: 0	Cognitive Impairment: 3 (3) Not Aware of Limitations	Narcotic (2) One of the meds listed above		
Pair Interventions	(2) Forgets Limitations (1) Oriented to Own Ability	(1) Other Medications/None Fell Risk Total: 14		
Non-Pharmacologic:				
Emerional support:		INTO SCHOOL OF WALT SOUTH SPEED GOT THAN SEMENCE		
Cognitive techniques:	NOS TITUS NACTORIA	2 (1955) 1745 TO 1955 OF 1		
Voiding: v Indwelling (intrany Catheter V/N: N Can this catheter he removed? (V/N): N	SENS PERCEP Completely limited	Very limited Slightly Limited No Impairment Very Moist Occasionally Moist Rarely Moist		
: NOT OBSERVED	S	Walks Occasionally Ac d Slightly Limited D		
"V Described N Democ : Specified Democ V Dear Dad N	200	Adequate		
ייטא וימייץ דע בעייבט ד ו נפסרייין דמני.	ш	ed Acequate		
SCDs in place at negitaing of shift: N IEDs in place at negitaing of shift: N	í	- No Impairment		
Maintain Central Line:TIC/PICC/SWAN/FORT/FD CACHETER/UBC/UVC/BROVIAC? (Y/N): N	Noisture: 3	- Occasionally Moist		
כמון ריידא דייים סב דפויסספני (ד/א) : א	Modility: 4	- weith Octabions.y - No limitation		

Printed 10/01/19 at 1353

Willis-Knighton South Nursing \*\*LIVE\*\*

Attending: Tran, Sharon N.D.
Account #: X21687676
Location: SES

Age/Sex: 4Y 04N F Unit #: X000629604 Admitted: 11/02/15 at 2235

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	Problem/Goal/Intervention Description
Activity Occurred Recorded Documence Documence True No. 1946 True No. Commence True No. 1946 True No. Comment	Sts Directions Sts Directions All Mecorded Becorded Documented
שמרב ידוב זל שמרב ביייב זל המווניים	יבשנכב מברב דיייב מל המרג היוגה של הסוימור היוורא היישנכה
Activity Date: 11/03/15 Time: 1400 (continued)	Activity Date: 11/03/25 Time: 1400 (continued)
100507 Reassessment/Evaluation - Pediatrics (continued) Nutrition: 4 - Excellent Friction/Shear: 4 - No Apparent Problem	20008 IV Sito #I Check/Care (continued) PSI Actual Reading #I: IV Dressing Charced Site #1: 12/03/15
rissue Perfusion/Oxygenation: 2 . Compromised	IV Dressing Changed line #1: Date IV (#1) scarred: 11/03/15 Time TV (#1) scarred:
Total Braden Scale Score: 24	Safety Checks
rmed a complete skin assessment and documented	<pre>// Wembor A. Badeside: Y Respiration Observed: Y //Telephone in Resch. Y Fall Precautions: Y</pre>
Skin Color: Normal Skin Temp/Character: Warm & Dry Skin Hydration: Normal	
Pressure Vicer/Skin impairment Since Previous Assessment: N If YES, list all location(s) and use the Skin Description lookup and/or Free Text for EACH.	Number Of Bed Rails Up. 3  Are bedrails up because of meds given: N Bed Brakes Locked: Y
LOCATION SKIN DESCRIPTION	Hen High OR Low Fosition: 10% All Alarms On and Audible: Y
	CPA in use: N
	Patient Education A AS NEEDED
	- Document 11/03/15 1400 CJP 1:/03/15 1945 CJP 0.0 Learner: Guardian
	Inarmer's Preferred Wethod: One-on-One Teaching Language Spoken (002): English
	Winter or filterial last series and impart [evisite or injuries]
	TYPES OF CHILDREN FOR THE TOTAL AND THE TOTA
THE SKIN INTROCE OF SAME TENDINGS (SIZE, MOWIN DEU, CRAIRGE, OUDT, ECU);	"riys-calitatotosa dad may adled learning (Y/N): Y If YES, describe: 2 YEAR OLD
	*Cognitive limitations that may affect learning $(Y/N):N$ If $VSQ$ describe.
	*Emotional limitations that may affect learning (Y/N): N
	If YES, describe: If patient has pain, what issues have been discussed with patient recarding this:
	: PEDZ PALN SCALE
: : Emotional Support/Teaching A AS NEEDED Ament 11/03/15 1400 CJP 11/03/15 1948 CJP 80.2	Pt/Family encouraged to report concerns about Pt. safety issues: Y What safety issues have been addressed with the patient: TWO Pt. IDENTIFIERS CHECKED :ADDLF SUPERVISION, CALL LIGHT
V Site #1 Creck/Care 11/03/15 1400 CJP 11/03/15 1942 Site #1: Left Hand	*Is parient/family motivated to learn $(Y/N)$ : Y If NO, explain:
Peripherally Inserted Central Catherer (Y/N): N Site Description #1: Normal Pare (r//r/) #1: An	LEARNING NEEDS
Type Of IV Solution #1: 00  Site Changed #1: 11/03/15  IV Tubing Changed #1: 1/03/15  IV Tubing Changed #1: 1/03/15	*Disease (Y/N): Y :INOUBLE BREATHING :solation (Y/N): N :UNIVERSAL *Equipment (Y/N): Y :IN PUMP, CALL ILGET *Procedure (Y/N): Y :UNIVERSERVENCE (Y/N): Y :IN PUMP, CALL
PSI Limit Settings #1:	*Medication (Y/M): Y :PER ORDERS

HENDERSON
From Activity Occurred Res
Activity Date:
200021 Safety Checks - Document 11/03/15 1600 CJ; Family Member At BeGside: Y Call light/Telephone In Reach: Y
Crib Raiis (Dp / Down): Number Of Bed Raiis Up: Are bedrails up because of meds given:
Activity Date: 11/03/15
200008
CP Peripherally Inserted Central Catheter Site Description #1: Normal Rate (cc/fm) #1: 50  Typo 0f TV Solution #2 (free text): DS 3
Site Changed IV Tubing Changed
CP PST Limit Settings #1: PST Actual Reading #1: TV Dressing Charged Site
IV Dressing Changed Time #1:    Date IV (#1) started: 11/03/15 20002_ Safety Checks
- Document 11/03/15 1800 CJF Family Member At Bedside: Y Call light/Telephone In Reach: Y
Are bedrails up because of meds given: Bed Brakes Locked:
Activity Date: 11/03/15
1-D - Document
Learner's Preferred Method: One-on-One Teaching

Age/Sex: 4% 04% F	Attending: Tran, Sharon N.W.D.		Z HV.	Page: 11 of 39
	SES X.E55_8-2	Wills-Knighton South Nursing **INF HINS PRINT ALL NURSING INFORMITON	South Nursing **INE**  NESSING INFORMATION	/01/19 at 1353
Problem/Goal/Intervention Description Activity Occurred Re Type Date Time by Dat	Description Sts Directions Recorded Time by Cornent Stils	From Charge	Problem/Goal/Intervention Description. Sts Directions Activity Occurred Recorded Documented Type Date Time by Comment Units	From
Activity Date: 11/03/15 Time	Activity Date: 11/03/15 Time: 2000 (continued)  1-0 Parient Education (continued)  1-1 Language Spoken (002): English  If Other, Describe:  1-1 Other, Describe:  1-2 YES, describe:  1-3 YES, describe:  1-4 YES, describe:  1-4 YES, describe:  1-5 YES, describe:  1-6 YES   Marientine that may affect learning: N  1-7 YES, describe:  1-7 YES, describe:  1-7 YES, describe:  1-7 YES, describe:  1-7 YES, describe:  1-7 YES, describe:  1-7 YES, describe:  1-7 YES, describe:  1-7 YES, describe:  1-7 YES, describe:		102012 FALN Assessment / Yanagement - PEDJ (continued);  type of pain: - Document 11/03/52 2000 JW 11/04/15 0126 JW  Are You Having PAIN / DISCOVEORT Now: N  Location of Pain: Data revenue of Pain: Data Requency: Character of Pain: Onset of Pain: Pain: Releved By:	
If YES, describe: *Ductional limitations that may affect learning transcional limitations that may affect learning transcional limitations that issues have been discretely also sales are been addressed with the "LOW AND LOCKED, SIDE AALLS UP, I "I Spatient/family motivated to learn (Y/N): Y : The EARLY (Y/N): Y : THEBIRLE ILLNESS, HY I Isolation (Y/N): Y : THEBIRLE ILLNESS, HY ** Sprocedure (Y/N): Y : THEBIRLE ILLNESS, HY ** Sprocedure (Y/N): Y : THEBIRLE ILLNESS, HY ** Sprocedure (Y/N): Y : THEBIRLE ILLNESS, HY ** Sprocedure (Y/N): Y : THESP CALL LIGHT ** Procedure (Y/N): Y : THESP CALL LIGHT ** Procedure (Y/N): Y : THESP TXS, SOLUMDESCO	If YES, describe: **Bnotional limitations that may affect learning (Y/N): N  If yes, describe: :PEDI pall SCALE :PEDI PALN SCALE :NA  PI/Pamily encouraged to report concerns about Pt. safety issues: Y What safety issues have been addressed with the patient: 2 PT IDS, CALL BELL IN RE :LOW AND LOCKED, SIDE PALLS UP, ADULT SUPERVISION *IS patient/family motivated to learn (Y/N): Y  *IS patient/family motivated to learn (Y/N): Y  *ISOLATION (Y/N): Y :PEBIRLE ILLNESS, HYPOXIA, REACTIVE AREAMY ISOLATION (Y/N): Y :THE OFFICE STATES TO SECTION (Y/N): Y :THE OFFICE STATES (ROCEPHEN, INSECTION (Y/N): Y :THESP CALL LIGHT  *Procedure (Y/N): Y :PER OFFICE *New Medication (Y/N): Y :PER OFFICE *New Medication (Y/N): Y :RESP IXS, SOLUMDEROL, ROCEPHEN, INFS, ZITHROWMX  *ADVANCE STATES (Y/N): Y :RESP IXS, SOLUMDEROL, ROCEPHEN, INFS, ZITHROWMX  *ADVANCE STATES (Y/N): Y :RESP IXS, SOLUMDEROL, ROCEPHEN, INFS): ZITHROWMX  *ADVANCE STATES (Y/N): Y :RESP IXS, SOLUMDEROL, ROCEPHEN, INFS): ZITHROWMX  **ADVANCE STATES (Y/N): Y :RESP IXS, SOLUMDEROL, ROCEPHEN, INFS): ZITHROWMX	전 전 전 (	Cause of pain:  Pain scale used to assess pain: FLACC Pain score: 0  Pharmacologic (see MaR): Y  Non-Pharmacologic: Emotional support: Y  Comfort measures: N  Cognilive techniques: N  Cognilive techniques: N  LOGOG Discharge Assessment/Planning A AS NEEDED  - Document 11/03/-5 2000 JW 11/04/15 0120 JW  PACTIVITY  SAFETY  SAFETY  SAFETY	1202
*Follow-up care (Y/N): Y :CMCOING Rehab/Resources (Y/N): Y :CMCOING Rehab/Resources (Y/N): Y :CMCOING Other Teaching: POC, SAFETY, : LOCKED, SIDE If applicable, pt has denonstrated o Med: NA	FCJCGTION  *POLIOW-UD CATE (Y/N): Y :CNCGING Rehab/Resources (Y/N): N :  *Nutrition (Y/N): Y :ONCGING Other Teaching: POC, SAFETY, CHANNEL 95, 2 PT IDS, CALL BELL IN REACH, 1 : LOCKED, SIDE RAILS UP, ADULT SUPERVISION  If applicable, pt has demonstrated competence to self administer medications: N  Med: NA	H, BED LOW AND . N . PS	Veed(s): Y    Evaluation - Pediatrics	Co.0 Co.0 Co.0 Co.0 Co.0 Co.0 Co.0 Co.0
for medica for the o Ask patier regarding	of medications given specifically for the control of pain. Ask patient to be specific regarding location, severity, and		*Emotion/Psych Assmt: Calm Ventilator N Respirations: Regular and Effortless *Breath Sounds: Wheezing Cough: Woist Cough: Amount Expectorated: Not Applicable	

Age/Sex: 4Y 04% F	Attending: Tran, Sharon N.M.D.		rah r.	Page: 12 of 39
<pre>Dnit #: KG00525604 Admitted: 11/02/15 at 2235 Status: DIS IN</pre>	Account #: KJ1687676 Location: SES Room/Bed: K.E5518-1	Willis-Knighton South Nursing **LIVE** HING PRINT ALL NURSING INFORMATION	h Nursing **Live** Eing ir-Gravation	Printed 10/01/19 at 1353
Problem/Goal/Intervention Description			Problem/Goal/Intervention Description	Cre of rections
Activity Occurred Type Date Tin	Sts Directions red Recorded Documented Time by Date Time by Comment Units	rom	Activity Occurred Recorded Type Seto Time by Comment	Documented Units Chang
13 /60/ 11 - 9261 VI VI V	-ine: 2000 (continued)		Activity Date: 11/03/15 Time: 2000 (continued)	(part.

Time: 2000 (continued)

Activity Date: 11/03/15

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	יים "ההת" - יחבי		edevices of	2 02			/Arestresia C					Total Dames	יייייייייייייייייייייייייייייייייייייי	azires, Anti-	s/Dimerics,		c apone	QQ.				`	No Tront trent		A		Excellent	No Apparent Problem	Tayer tayer									d spripped	1 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	& Dry		1	ייי ביי בייי
	imental ractors: 2 ************************************	placed in Bed	Patient uses assistive devices of	Infant-Toddler in Crib or	Furniture/highting	Pattent Placed in Bed	(1) Cutpatient Area Despose to Surgery/Sedation/Aresthesia	(3) Wint 36 h0:re	Trimpin 28 hours	March 17 Commercial Co	יייים יייים יייים יייים יייים יייים יייים יייים יייים יייים יייים יייים יייים יייים יייים יייים יייים יייים ייי	Cagge; -	(3) Willipse usage Or: sedantes, hyprocites,	Barbitiates, Premothiazines, Anti-	depressants, Laxatives/Diuretics,	otic	One of the meds isted	(1) Other Medications/None	ota.: 14			(CIO SEARY	ئے آصابست کی استہداری	**************************************	Walks Occasionally	Slightly Limited	Acequate	Potential Problem	Acecaare	mited	y Molet	icrally	co		Frontem			100 to 00	I verify that I have performed a complete skin assessment and documented and invaliga become	Skin Temp/Character: Warm & Dry		C: N	re ves, iist all location(s) and use the Skin Description lockup she/of free lear .or Later
Pediatrics (conti	ENVIRONMENTAL FACTORS:		(3) Parie			(2) Patit	Setto (I)	-4	(c)	3 (	7-1	redication again	110% (E)	Barri	cepr	Narcotic	(2) Ore	(1) Other	Fall Risk Total: 14			S (LESS THAN 16	Z Z Z		Very Moist U	773			Compromased	- Slightly Limited	- Occasionally Moist		- No Limitation		- No Apparent Problem	- Acequate			te skin assessmen	Skin Temp,	•	evious Assessment	e Skir Descripti
Reassessment/Evaluation - Pediatrics (continued)	SSETTENT	, 'o	rears old	year oic	t)		es		10515	GET A CO.	Respiratory Diagnosis, Denyclation,	synccee,		Disorders			tations	ei.	Villay.			BRADEN SCALE FOR PEDS (LESS THAN 16 YEARS OLD)		• •	vols:	-chi_e			Extremely Compromised Cor	ection: 3			Mobility: 4			nation: 3	re: 23		erformed a comple	i-ma i	rmal	Pressure Ulcer/Skin Impairment Since Previous Assessment: N	ion(s) and use tr
	ic Fall Risk Assessment	0: 4 (/)	3 to ess than 7 years	7 to less than 13 year old	(1) 13 years and above	. 1	ale (i) Female	0 :37	(4) Neurological Diagnosis	Alteration in Oxygenation	tespiratory Diagra	Aremia, Anorexia, Syncope,	Diziness, etc.	ri	Other Diagnosis	Cognitive Impairment: 3	(3) Not Aware of Limitations	(2) Forgets Limitations	(1) Oriented to Own Ability			42E 35A		l H			,			Sersory Perception:	N.	Act	MO	Nuti		Perfusion/Oxygenation:	Total Braden Scale Score: 23		fy that I have p	Skir Color Normal	Skin Hydration: Normal	re Ulcer/Skin Im	s, iist all locat
103031	Pediatric	Age: 4	(3)		(1)	Gender:	(2) Male	e : sesociation	X (5)	4 (S)	n:	<b>4</b>			0	Cogniti	(3) N	(2)	(E)				1	SENS PERCEE	WOISTCRE VILLA	VIII	NUTRICK	FRICT/SHEAR	PERF/OXYGEN				-,-			Tissue	Total		z vezz		- <del></del>	**	
(continued)	Consistency: Not Applicable	% (when using Blender)	Lymen's C'm. Nor 'mored	HOWEL SOUNDS: Present		venent: 11/03/15												Interventions							N Can this catherer be removed? (Y/N): N	OBSERAVED Second Second		N Heating Pad: N		ce at beginning of smift: N	x (x/x) coentrode/out/out/co						is shift. N Type of Reaction:		Feds: Y			Precautions: N Type of Precautions: None Standard Precautions: Y Necessive Air Pressure Confirmed - Discharge of air Cutdoors or HEPA Filtration Unit $(Y/N)$ : N	
Reassessmont/Evaluation - Pediatrics (continued)	cap_e	@	Sation	Spende Spende		Date Of Last Bowel Mon		FORT NOW: N	of pain: N	Of Pain:	Of Pain:	of Pain:	Onset of Pain:	jeveć By:	Worse Bv:	used to assess path: FigCC	Pain score: 0	11.84	AR):							Color Of Crine: NO. OBSERVED	iaracter uz urine: Moz t	mps: 1 Feeding Pump: N		of shift: N TEOs in plac	THE 17 (1) HEALT ( 12 HEALT) CO.	tral line: L/PicC/swaw/Fox./ho CAteria Can this line be removed? (Y/X): N		N Adapter Y/N: Y		lype:	reaction th	•	omplaints Or Specific N	CCTUTC		autions: Mone rmed - Discharge of air	ATE: N
100507 Reassessmont	torant C	02; Y 02 Delivery: ROOM AIR	Pulse Quality: Normal Pulsation	Edema C. Extremily: None Absorpa: Coft (Active Bowel Scinds	יייייייייייייייייייייייייייייייייייייי	Bowel Movement This Shift: N Date Of Last Bowel Movement: II/03/15		Are You Having PAIN / DISCOVEDRI Now:	Is this a new episode of pain:	Location Of Pain:	Duration Of Pain:	Character of Pain:	Chset	Pain Relieved By:	VE STOW SORV THE	Tage of best elease rise	: PA		Pharmacologic (see MAR):	Nor-Prarmaccioqic:	Frories Support:	Confort measures:	Cognitive techniques:		Voiding: Y Indwelling Unimary Catheter Y/N:	7	5	IV Pump: Y How Many IV Pumps: 1	•	SCDs in place at beginning of shift: N TEDs in place at beginning of shift: N		Maintain Central Line: LC/PiCC/Swaw/rok-755 Capin.EK/Jak/Jak/Jako/Lako/Lako/Lako/Lako/Lako/Lako/Lako/L		Maintain Peripheral IV or PRN Adapter Y/N:	ı	*Restraints: N *Restraint Type:	Has patient had an adverse drug reaction this shift: N If ves. name of Med:		Does the Patient Have any Complaints Or Specific Needs:	Specific Needs: 5/5 rest Districts	Specific Needs:	Precautions: N Type of Precautions: None Necative Air Pressure Confirmed - Dischar	*Is parient DO NOT RESUSCITATE: N

(Y/N): Y :NP PDVE, CALL LIGHT
(Y/N): Y :REASSESSMENT
(Y/N): Y :PER ORDERS
(Y/N): Y :RESP TXS, SOLINDEROL, ROCEPHIN, IVES, ZITHEOVAX

\*Follow-up care (Y/N): Y:ONGOING Relab/Resources (Y/N): N:

IV Dressing Changed Site #1: IV Dressing Changed Time #1: Date IV (#1) started: 11/03/15 Time IV (#1) started:

PSI limit Settings #1: PSI Actual Reading #1:

\*New Medication Education \*Medication

\*Disease (Y/N): Y :FEBIRIE IILNESS, HYPOXIA, REACTIVE ARIWAY

(Y/X): N : UNIVERSAL

Isolation (
\*Equipment (
\*Procedure (

TEACHING SUMMAY

\*Is parient/family motivated to learn  $(Y/N): \ Y$  If NO, explain:

G,

0.8

Q2F. ď

02 Delivery:

SA02:

DOCUMENT 11/03/15 2000 JW 11/04/15 0126

DOCUMENT 11/03/15 2000 JW 11/04/15 0126

IV Site #1: Left Fand

Perigherally Inserted Central Catheter (Y/N): N

- Document

Site Description #1: Normal
Rate (cc/hr) #1: 50
Type Of IV Solution #1 (free text): D5 1/2 NS
Site Charged #1: 11/03/15
IV Tubing Charged #1:
TVPB Tubing Charged #1:

SCHEN BYCKERE

Age/Sex: 4⊻ 04% F	Attending: Tran, Sharon N.M.D.	HENDERSON,	Page: 13	3 0.5 39
Unit #: KCC0629604 Admitted: 11/02/15 at 2235 Status: DIS IN		Willis-Knighton South Nursing **INE** HIMS FRINT ALL NURSING INFORMATION	Printed 10/01/19 at SING INFORMATION	1353
Problem/Goal/Intervention Description Activity Occurred Re Type Date Time by Date	Description Sts Directions (	Prom	Problem/Goal/Intervention Description Sts Directions Fr Activity Occurred Recorded Documented Sype Date Time by Contact Units Charge	From
Activity Date: 11/03/15	Time: 2000 (continued)		Activity Date: 11/03/15 7±me: 2000	
100507 Reassasstert/I LOCATION	Reassesement/Evaluation - Pediatrics (continued) :: SKIN DESCRIPTION ::		200021 Safety Checks A 11/64/15 0126 CM - Document 11/03/15 2000 JW 11/64/15 0126 CM Family Member At Bedside: Y Respiration Obscrved: Y Fall Precausions: Y	Ċ
			Crib Rails (Up / Down): Not Applicable Number Of Bed Rails Up: 3 Are bedrails up because of meds given: N Bed Brakes locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: Y CRY in use: N PC. Off Urit: N Parison Reveal on the Confidence of the Confiden	ප
FREE TEXT DESCRIPTION OF SK SKCN INTRCT :: :: :: :: :: :: :: :: :: :: :: :: ::	TEMI DESCRIPTION OF SKIN FINDINGS (SIZE, WOLLD DEC, ORGINAGE, OGCI, PIC):  SKIN INTACT  : : :		rencent 11/3/15 2000 JW 11/04/15 0118 JW 12/04/15 JW	
: : : : : : : : : : : : : : : : : : :	Emotional Support/Teaching  11/03/15 2000 JW 11/04/15 6125 JW  Vital Signs taken by a NAI are reviewed by an RN.  11/03/15 2000 JWJ 11/04/15 0136 JWJ  21.4	t t	*Religious or Cultural practices that may affect learning: N  If YES, describe: *Physical limitations that may affect learning (Y/N): N  If YES, describe: *Cognitive limitations that may affect learning (Y/N): N  *Emotional limitations that may affect learning (Y/N): N  If YES, describe: If patient has pain, what issues have boen discussed with patient regarding this: *PEDI PAIN SCALE **NA	
37 Type: Temp: 99.2 Tyy Heart Rate: 1C: Resp. Rate: 36	Type Of Temperature: Tympanic Heart Rate Source: Machine		Pt/Family encouraged to report concerns about Pt. salety issues: Y What salety issues have been addressed with the patient: 2 PT IDS, CALL BELL IN REACH, BED :: LOW AND LOCKED, SIDE FAILS UP, ADDIE SUPERVISION	Cae

## Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 165 of @39PatgrestD #: 1205

Page: 14 of 39 Printed 10/01/19 at 1353 Willis-Knighton South Nursing \*\*LIVE\*\* HIMS PRINT ALL NURSING INFORMATION HENDERSON / Attending: Truz., Sharon N.M.D. Account #: K31687676 Location: 5ES Room/Bed: K.E5518-1 Age/Sex: 4Y 04X F Unit #: KC00629604 Admitted: 11/02/15 at 2235 Status: DIS IX

Problem/Goal/	Problem/Goal/Intervention Description	Description			Problem/Goal/Intervention Description
Activity	Occurred		Sts Directions Recorded Document	Prom Prom Documented	Sts Directions From Activity Occurred Recorded Documented
) Jone	Date Tin	re by	Time by Connent	Units Change	Date Time by Date Time by Comment
Activity Date: 11/03/15	11/03/15	Time: 2000	7050 (continued)		Activity Date: 11/03/15 Time: 2715 (continued)
1.D *Nutriti Cther	Patient Education (continued) for (Y/N): Y :ONGOING Toaching: POC, SAFETY, CHANNE : LOCKED, SIDE RAILS	tion (conting ONGOING , SAFETY, CH KED, SIDE RA	Patient Education (continued) *Nutrition (Y/N): Y :ONGOING Cther Teaching: POC, SAFETY, CHANNEL 95, 2 PT IDS, CALE BELL IN Cther Teaching: LOCKED, SIDE RAHLS UP, ADULT SUPERVISSION	RIL IN REACH, BED LOW AND	100507 Roassessment/Evaluation - Pediatrics (continued) Respirations: *Breath Sounds: Cugh: Amount Expectorated: Expectorant Color: Color: Color: (* * (when using Elenôer)
if applicable, Nedi: NA	pt has demon	strated compo	If applicable, pt has demonstrated competence to self administer modica Nedi: NA Med2: NA Med2: NA	medications: N	Pulse Quality:  Edema Of Extremity:  Abdomen:  Bowel Sounds:
ividence Of I	Method Of I	Method Of Instruction: Explain ming Demonstrated By: Express	Method Of Instruction: Explain Evidence Of Learning Denometrated By: Expresses Understanding		
Activity Date:	e: 11/03/15	Time: 2	2022		Are You Having PALM / Discorder, Now: N Ts this a now epscade of pain: N Ts this a now epscade of pain: N
990008-A RT - Aero - Document 11/03/7 Is This a New Start: N Therapy Frequency Q6H Neds/Dosage: A-BUTE	, 5 S	erapy Key II	A QSH 11/04/15 0058 KGPX Trerapy Given: Y If IDO, Why: Q6H	CP 2.5	
Vitals: Fi	- ਤਲਦ		TS05		Pain Scale used to assess pain: f.A.C. Pain Scotte of Pain France
RA 20 BBS FINE RALES	ປາ		RR 20 BBS SAME		Pharmacologic (see WAR): Non-Pharmacologic: The first enemys.
. E.			. ቪ		Confort reasures:
Effective cough Y Increase Secretions N	cough Y ectors N	unands 3	Sputum Anount: None Sputum Color: Sputum Consistency:		Voiding: Y Indweiling Urinary Catheter Y/N: N Can this catheter be removed? (Y/N): N Color Of Urine: NOT OBSERVED
Is Patient Pr	Is Patient Progressing Toward Goal: Unchanged	erd Goal: Unc	changeci C	Goal Note: Y	IV Pump: Y How Mary IV Pumps: 1 Feeding Pump: N Heating Pad: N
Comments/Plan	PATIENT TOIL	RATED TREATH	Comments/Plan: Patient Tolerated Treathent Well via Mask. NO Adverse Reactions	erse reactions noted.	SCOs in place at beginning of smift: N TEDs in place at beginning of smift: N
Activity Date: 11/03/15	e: 11/03/15	_ime: 2115	21.15		
100507	Reassessment/Bvaluation - Pediatrics Direction ->07.39 Document when (	assessment/Evaluation - Pediatric Direction ->07,19 Document when	Seessment/Evaluation - Pediatrics A Direction ->07,29 Document when done 1,03,16,2115,1W :1,04,15,0301 -W	CP	can this for the De removed: (1/N): N  Yaintain Peripheral TV or PRW Adapter Y/X: Y
Date:	Shift:			>, >	*Restraints: N *Restraint Type: Has patient Lad an adverse drug reaction this shift: N
Focus / Plan for The Day: Plan Of Caxe Discussed Wi	Focus / Plan for The Day: Plan Of Care Discussed With Patient:	: Patient:	Plan Of Care Updated:		If yes, name of Med: Type of Reaction:
Wound:	Dressing:	Drain:	Pain At Present Time:	Swallowing Difficulty:	Does the Patient Have any Complaints Or Specific Needs: Y Specific Needs: Specific Needs:
<pre>Level Of Alerthess:    *Emotion/Psych Assmt:    Ventilator</pre>	ertness: h Assmi:		Pupillary Reaction: Responds:	 	Precautions: Y Type of Precautions: Droplet Precaution Standard Precautions: Y Negative Air Pressure Confirmed - Discharge of air Outdoors or HEEA Filtration thir (Y/N): N

4Y 04W F Attending:	SON PYAH Z
Willis-Krighton (Willis-Krighton )  Status: DIS IX Room/Bed: X.E5518-1  Status: DIS IX Room/Bed: X.E5518-1	Willis-Krighton South Nursing **IJVE** HINS PRINT ALL NURSING INFORMATION
Problem/Goal/Intervention Description Sts Directions Arriving Decripted	Problem/Goal/Intervention Description From Sts Directions From Srowing Sts Directions
Date Time by Date Time by Comment	Date Time by Date Time by Comment
Activity Date: 11/03/15 "ine: 2115 (continued)	Activity Date: 11/03/15 Time: 2115 (continued)
180507 Reassessment/Evaluation - Pediatrics (continued) Is patient DO NOT RESUSCITATE: N	100507 Reassessment/Evaluation - Pediatrics (continued) If YES, list all location(s) and use the Skin Description lockup and/or Free Toxt for EACH.
tric Fall Risk Assessment Environmental Factors: 2  4  Esse than 3 years old Placed in Bed Placed in	COCKTION
(2) Aie (1) Female (1) Respons	
(4) Neurological Diagnosis (3) Alteration in Oxygenation (2) Within 48 hours Resolvatory Diagnosis, Dehydration, (2) Nowe than 48 hours	
Xedical	FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, dreinage, odor, etc):
Disorders Barbituates, Phemotophemore, Phemoto	
Not Aware of Limitations	
(2) Forgets Limitations (1) Other Medications/None (1) Otherted to Own Ability Fall Risk Total: 14	
BRADEN SCALE FOR PEDS (LESS THAN 18 YEARS OLD)	
CEP Completed Very 12miled Signaly 12miled >	1-5 Patie  - Document   11/
MOISTORE CONSTRUCTORY FOLSE VETY MOIST VOCASIONALLY MOIST RAILELY MOIST WELKS OCCASIONALLY APPROPRIATE WAINS OCCASIONALLY ROUGHLEN THROUGH VETY LITTLE NOT SHIPTING NO INTIMITATION	te learner's Preferred Method: arcrage Spoken (002):
N Very Poor Tradequate Adequate BAR Significant Problem Problem Potential Problem No App	If Other, Describe:
mised Compromi	*Religious or Cultural practices that may affect learning: If YES, describe:
	fect
	"Cognitive limitations that may affect learning (Y/N): If YES, describe:
Nurition: 3 - Adequate Friction/Shear: 4 - No Apparent Problem Lissue Perfusion/Oxygenation: 3 - Adequate	*Emotional limitations that may affect learning (Y/N):  If YES, describe:  If patient has pain, what issues have been discussed with patient regarding this:
Total Braden Scale Score: 23	
I vezify that I have performed a complete skin assessment and documented all indings below.	ow. Pt/Family encouraged to report concerns about Pt. safety issues:
Skin Color: Normal Skin Temp/Character: Warm & Dry Skin Hydration: Normal	
Pressure Ulcer/Skin Impairment Since Previous Assessment: N	*is patient/family motivated to lear: (Y/N): If NO, explain:

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m	1208		<b></b>

4Y 04% F	AH:
unic #: NoU022904 Admitted: 11/02/15 at 2235	Nursing **LIVE** ING INFORMATION
Problem/Goai/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Date Time by Comment	Problem/Goal/Intervention Doscription Sts Directions From Activity Occurred Recorded Documented Time by Comment Units Change
Accivity Jate: 11/04/15ime: 0:06	Activity Date: 11/04/15 Time: 0200
102012 PAIN Assessment / Vanagement - PED1 A PAIN Use to document the effectivenness of medications given specifically for the control of pain. Ask patient to be specific regarding location, severity, and type of pain Create 11/04/15 0108 JW 11/04/15 0108 JW	ς)
:: 0135 1704/15 C206 KHY	Bed Brakes Jocked: Y  Bed High OR Low Position: LOW  All Alaims Or and Audible: Y  Pt. Of This: N
New Start: N Protocol N equency Q6H	1 01
Medis  Ambuishon to   Profit	200008
Effective cough Y Sputum Anount: Name Increase Secretions N Sputum Color: Sputum Corsistency: Is Patient Progressing Toward Goal: Unchanged	
L VIA MASK. NO ADVERSE REACT	Time #1: .ed: 11/03/15 Time / Checks /4/15 0400 JW 11/0
14/15 Check/C 14/15 0200 J #1: Left Har- ted Central #1: Normal #1: Sommal #1: fro #1: 11/03/15	Call Light/Telephone In Reach: Y Fall Precautions: Y  Crib Rails (Up / Down): Not Applicable  Number Of Bed Rails Up: 3  Are bedrails up because of meds given: N  Bed High OR Low Position: LOW  All Alarms On and Audibles Y  CRM in use: N  Pt. Off Unit: N
	Activity Date: 11/04/15 Time: 0500
<pre>ys. Actual Acading #1:     V Dressing Charged Site #1:     V Dressing Charged Time #1:     Date IV (#1) started: 11/03/15</pre>	400010 Vital Signs A NAI are reviewed Vital Signs taken by a NAI are reviewed by an RN.
	- Document 11/04/15 0500 JWJ 11/04/15 0541 JWJ 21.4

		1203	Page 1594 Of 1758
Page: 18 of 39 10/01/19 at 1353	From	8	පි
Page:	Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units	### Activity Date: 11/04/15   Time: 0600 (continued)  #### Continued)    Coston	Activity Date: 11/64/15 Time: 0745  Activity Date: 11/64/15 Time: 0745  - Document
HENDERSON, T	Prodien/Goa Prod Activity Charge Type	A 455 455 70 20 20 11 12 13 13 13 13 13 13 13 13 13 13 13 13 13	990008-A - Document Is This a ? Therapy Fra Meds/J Vicals: HR 146 RR 26 BBS COARSE : P?
Age/Sex: 4% 04% ? Attending: ltml, Sharon N M.D. that #: K000629604 Account #: K31687676 Admitted: 11/02/15 at 2235 Location: SES Status: DIS IN Room/Bed: K.E5518-1	Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Apple Date Time by Comment Units	### Activity Date: 11/04/15	Color Of Stool:  Amourt Of Stool:  Leostcmy (ml):  New Colostcmy Output:  Old Colostcmy Output (Num. of stools):  Rectal Tube (ml):  Emesis (m.):  Rectal Tube (ml):  Chest Tube #1 (ml):  Chest Tube #2 (ml):  Chest Tube

Attending:	Fege: 19 of 39
X300629604 Account #: X316876	1119-Krighton South Nursing **INVE** HINS FRINT ALL NURSING INFORMATION
Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented Charge	Problem/Goal/Intervention Description: Sts Directions From Activity Occurred Recorded Documented Change
Activity Date: 11/04/15 Time: 0745 (continued)	Activity Date: 11/64/15 Time: 0800 (continued)
950008-A RT - Aeroso. Therapy (continued) Increase Secretions N Sputum Color: Sputum Consistency:	1.D Patient Education (continued) 11 NO, explain: 1 NO, explain: 1 NO NO NO NO NO NO NO NO NO NO NO NO NO
Is Patient Progressing Toward Goal: Yes Goal Note: Y	KINCHER TO THE TANK AND ADMINISTRATION OF THE TANK AND ADMINIS
COMMENTS/Flan: PATTENT TOLERATED TREATMENT WELL VIA MASK. NO ADVERSE REACTIONS NOTED.	*J:sease (Y/N): Y :relaidle illNess, rybox.A, refciive Ariway, rycoprason isolation (Y/N): Y ::ROFIED CALL INGET *Equipment (Y/N): Y ::Y PUMP CALL INGET
990604.8 R7 - Oxyger Therapy A DALLY CP - Document 11/04/15 0745 DRW 11/04/15 0955 DRW IS frits a New Start: N Protocol Y	*Procedure (Y/N): Y :RZASSESS *Xedication (Y/N): Y :PER ORDER *Xew Xedication (Y/N): Y :RESP IXS
Oxyger: Device Ficz 21 LPM Se02: 97	SNICONC A 'X/A' SARE TITLE CONTROL CON
Alert Value: No	Reference (Y/N)
has Potential For Hypoxemia Due To:	Ctier Teaching: 100, SAPETY, GRANNEL 55, 2 PT IDS, CALL BELL IN REACH, BED LOW AND Ctier Teaching: DOC, SAPETY, CHANNEL 55, 2 PT IDS, CALL BELL IN REACH, BED LOW AND CTIE TEREPRETATION.
Is Patient Progressing Toward Goal: Yes Goal Note: Y	
Hours Used 24.0 Transfer/Discharged/Discontinued DC Reordered	if applicable, pr has demonstrated competence to self administer medications: N Ved: NA Ved: NA Ved: NA
Comments: 02 DC'D @ THIS IDE.	
: Activity Date: 11/04/15 Time: 0800	Evidence Of Learning Demonstrated By: Expresses Understanding  1.02012 FAIN Assessment / Maragement - PEDI A FRN
1-5 Patient Education A AS NEEDED PS - Document 11/04/15 0800 DSS 11/04/15 0831 DSS 0.0	
Learner's Preferred Methods One-one Teaching	Ask patient to be specific regarding location, severity, and two of pain.
Jangrage Spoke: (voz): Engine. If Other, Describe:	Document
	Is this a new episode of pain: N Location Of Pain: Duration Of Pain:
<pre>1f YES, Gescribe:    *Cognitive limitations that may affect learning (Y/N): N</pre>	Character Of Pain:
*Enotional limitations that may affect learning (Y/N): N If YES, describe:	Pain Nace Worse By:
If patient has pain, what issues have been discussed with patient regarding this: :CALL FOR ANY PAIN OR DISCOMFORT :	Cause of pain: Pain scale used to assess pain: FindC Pain score:
Pt/Family encouraged to report concerns abour Pt. safery issues: Y Whar safery issues have been addressed with the patient: 2 PT IDS, CALL HELL IN REACH, BED :LOW AND LOCKED, SIDE RAILS UP, ADULT SUPERVISION	Ebarmacologic (see MAR): Y Non-Pharmacologic: Emctional support: Y
*Is patient/family motivated to learm $(Y/X)$ : Y	Comfort measures:

Age/Sex: 42 04% F Attending: Tien, Sharon N.M.D.	20 00 10001
9604 ACCOUNT #: ^3.108/0/0 15 at 2235 Location: 55.55 Wi	liis-Krighton South Nursing **IVE** France solth Nursing **IVE**
N·ごうして − −	יייייייייייייייייייייייייייייייייייייי
Problem/Goai/Intervention Description	
Sts Directions Thornwest	From Sts Directions From From Accivity Occurred Recorded Documented
Type Date Time by Cornent Criss Charge	Date Time by Date Time by Comment
Activity Date: 11/04/15 Time: 0800 (continued)	Activity Date: 11/64/15 Time: 080C (continued)
102012 PAIN Assessment / Management · PEDI (continued) Coorditive rechniques:	100507 Reassessment/Svaluation - Pediatrics (continued) Pair score: 0
100006 Discharge Assessment/Planning A AS NEEDED CP	Pharmaco_odic (see
Discharge Problems/Needs Identified: Y	Contains tagettes:
:S/S RESP DISTRESS	X (1X/A) Consumers of accompanies of the sun X (1/A) is the sun of the sun X (1/A) is the sun of th
: MEDS : POLLOW UP : SATETY	Volotig: Y MOWE I: GUEST Valleter IV. N. N. CO. III.S Calleter V. V. N. N. CO. O. O. O. O. O. O. O. O. O. O. O. O. O
	IV Purp: Y How Mary IV Purps: 1 Feeding Purp: N Heating Pad: N
Arrangements Made to Meet Need(s): Y :ONGOING	SCDS in place at beginning of shift: N TEDS in place at beginning of shift: N
	Maintain Central Line: ILC/PICC/SWAN/PORT/HD CATHERFR/UAC/UAC/BROVIAC? (Y/N): N
jon · Pediatrics A · Document when done	Maintain Peripheral IV or PRN Adapter Y/N: Y
- Document 11/04/15 0800 DSS 11/04/15 0850 DSS 0.0	**Aestraints: % **Resizaint _Voe:
Focus / Plan For The Day: BREATHING TX, IVFS, IV ABX/SOLCYDERO:	Has patient had an adverse drug reaction this shift: N If yes, name of Med: Type of Reaction:
Feat of one offsecond from Feath 1 Present Time: N Swellowing Difficulty: N	Does the Patient Have any Complaints Or Specific Needs: Y Specific Needs: S/S RESP DISTRESS
Contract to the contract to th	Specific Needs:
relutess: Kesponds to patent in Assmt: Calm	Precautions: Y Type of Precautions: Dioplet Precaution Standard Precautions: Y
fortless *Breath Sounds:	ARGALIVE ALI FIESBULE COLLELIEU - DISCHALGE OL ALI CALCOLE CI LLIA ALILAGUACIO CITATA ALILAGUACIO CINTERNI CALILAGUACIO CITATA ALILAGUACIO CITATA ALILAGUACIO CITATA
Caugn: Moist Coign Arount rypectorated: Not Applicable Consistency: Not Applicable	Pediatric Fall Risk Assessment Environmental Factors: 2
e)e	Age: 4
	s old (3) Patient uses assistive
Abdomen: Soft/Active Bowel Sounds Bresent	
Bowel Movement This Shift: Y Date Of Last Bowel Movement: 11/04/15	
Are You Having PALN / DISCONFORT NOW: N	Respons
	ton (2)
Duration Of Pain: Character of Pain:	Respiratory Diagnosis, Derygration, (1) More than 48 rours Anemia, Anorexia, Syncope, Medication Usage: 1
Onset of Fain:	
rain keilevoo by: Pain Yade Worse By:	depressarrs,
Pain scale used to assess pain: FLACC	Cognitive Impairment: 3

Age/Sex: 4Y 04M F Attending: Tran, Sharon N.D.	Page: 21 of 39
11/02/15 at 2235 Iocation: DIS IN Room/Bed:	Nursing **IJVE**  Nursing **IJVE**  ING INFORMATION
Probiem/Goal/Intervention Description Sts Directions From	Problem/Goal/Intervention Description Sts Directions From
ted its Crano	Documented  To Grand
Activity Date: 31/04/15 Time: 6800 (continued)	Activiny Date: 11/04/15 Time: 0800 (continued)
100507 Reassesmmnt/Evaluation - Pediarrics (continued) (3) Not Aware of Limitations (2) Forgets Limitations (1) Other Medications/None (1) Oriented to Own Ability	100507 Reassossment/Evaluation - Pediatrics (continued) : :
Completely Immobile Very Limited Signily Limited No Completely Moist Very Noist Occasionally Moist Completely Immobile Very Limited Signily Limited No.	: 102000 : Emotional Support/Teaching A AS NEEDED - Document 11/04/15 0800 DSS 11/04/15 0851 DSS 250510-A Bath, Total Bed - Toddler - Document 11/04/15 0800 DSS 11/04/15 0851 DSS Refused due to:
Activity Nery FOR Landedgate Activity Significant Problem Potential Problem Pers/OXYGEN Extensive Compromised Adequate Excellent	Computered by: Molthak 250512 Liben Cranged - Document 11/04/15 0800 DSS 11/04/15 0851 DSS 0.0
Sensory Porception: 3 - Slightly Limited  Moisture: 3 - Occasionally Moist Activity: 3 - Waiks Occasionally Moility: 4 - No Limitation Notificon: 3 - Adequate Friction/Siear: 4 - No Apparent Problem Tissue Perfusion/Oxygenation: 3 - Adequate	Refused due to:  Completed by: NTSE  4C0010 Vital Signs taken by a NAI are reviewed  by an RX.  - Document 11/04/15 0800 DSS 11/04/15 0817 DSS 21.4  9Lood Pressure:  BP Position:
Total Braden Scale Score: 23 l verify that I have performed a complete skin assessment and documented all indings below.	Temp: 57.3 Type Of Temperature: Tympanic tt Nate: 151 Heart Nate Source: Machine 5. Nate: 36 SAO2: 100 OZ DOLIVERY: ROOM AIR
Skin Color: Normal Skin Hydration: Normal Skin Hydration: Normal Pressure Cler/Skin Impairment Since Previous Assessment: N If YES, list all location(s) and use the Skin Description lookup and/or Free Text for EACH.	Sb0030-3 reed With Assistance A WEALTHWES - Document 11/04/15 0852 DS A YEALTHWES - Current Dide: TODDIER - Add'L Diet Restric: - Meal: Breakfast - Percentage of Yeal Eater: Ate 50%
LOCATION SKIN DESCRIPTION :	A 11/04/15 C852 ESS
	11/04/15 0800 DSS   11/04/15 0851 DSS
FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed,drainage, odor, etc): :::::::::::::::::::::::::::::::::::	Charged Settings Reading Charged Charged

4Y 04% F Attending:	Page: 22 of 39
Unit #: X000625604 Account #: K3.58/6/6 Wills-Knighton South Nursing **IVE Admitted: 11/02/15 at 2235 Location: 5ES Location: 5ES Location: 5ES Room/Bed: K.E5528-1 HINS PRINT ALL NURSING INFORMATION	<pre>Nursing **LIVE** LNG at L353 LNG LNG ATLINE ATLINE ATLINE ATLINE LNG ATLINE LNG ATLINE LNG ATLINE ATLINE LNG ATLINE</pre>
Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented Prom Type Date Time by Comment Units Change	Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented Sype Date Time by Comment
Activity Jate: 11/64/15 Time: 0600 (continued)	Activity Date: 11/64/15 Time: 0800 (continued)
2000C8	*Follow-up care (Y/N): Y :ONGOING *Follow-up care (Y/N): Y :ONGOING *Ferbo/Resources (Y/N): N : *Nutrition (Y/N): Y :TODDIER Other Teaching: POC, SAFETY, CHANNER 95, 2 PT IDS, CALE BELL IN HEACH, BED IOW AND : LOCKED, SIDE RAHIS UP, ADDIA SUPERVISION
Crib Ralls (Up / Jown): Not Applicable Nurber Of Bed Ralls Up: 3 Are pedralls up because of meds given: N	If applicable, pt has demonstrated competence to self administer medications: N Medi: NA Medi: NA Medi: NA
Bed High GR Iow Position: 10W All Alarms On and Audible: Y All Alarms Of Thi use: N Pr. Off Unit: N Pr. Off Unit: N Pr. Off Unit: N Patient Education OP 11/04/15 AB1 TSUCATION OF	Method Of Instruction: Explain  Evidence Of Learning Demonstrated By: Expresses Understanding 402770 02 Delivery - Document 11/04/15 0800 DSS 11/04/15 1731 DSS 0.0  Character 2 Delivery, ROOM ALR CONCERT 2 Delivery, ROOM ALR
Freferred Method: One-on-One Teaching	Time: 0825
1687	Basic nursing care will be provided.  7. Target 11/04/15 0825 DSS 11/04/15 0825 DSS  No evidence of injury to patient.  7. Target 11/04/15 0825 DSS 11/04/15 0825 DSS
*Physical limitations that may affect learning (Y/N): N  If YES, describe: *Cognitive limitations that may affect learning (Y/N): N	/Family Will Verbalize anding of Diagnosis and nt.
If Yes, describe: *Exotional Limitations that may affect learning (Y/N): N  If YES, describe:	
patient has pain, what issues rave been discussed with patient regarding inls: :CALL FOR ANY PAIN OR DISCOMFORT: :NA	860515 Physician Rounds CP - Document 11/04/15 0942 DS 11/04/15 0945 DSS Physician Visit To Pathent By: TRANSN Tran, Sharch M.D.
Pt/Family encouraged to report concerns about Pt. safety issues: Y What safety issues have been addressed with the patient: 2 FT IDS, CALE BELL IN NEACH, BED What safety issues have been addressed with the patient: 2 FT IDS, CALE BELL IN NEACH, BED	Activity Date: 11/04/15 Time: 0956
*is patient/family motivated to learn (Y/N): Y	m: RT- HYZOXEYCA OR HYPOXIA, ACICAL AND/OR C POTENTIAL TO DEVELOP  1 Status 11/04/15 0956 DRW
LEARNENG NEEDS TEACHING SUNYARY	11/-3/15 A => C
(Y/X): $Y(Y/X)$ : $Y(Y/X)$ : $Y$	Therap 0956 DR
*Procedure (Y/N): Y :REASSEESMENT *Wedication (Y/N): Y :PEN ORDERS *New Medication (Y/N): Y :RESP IXS, SOLUMDEROL, ROCEPHIN, IVFS, ZITHROWAX Edication :	ACENTITY Date: 11/04/15
	רע בלרע אדי העיר יישיים

Attending: Tyan, Sharon N M.D. Account #: K31667676	HENDERSON,	23 0
K. E5518-1	Wills-Knighton South Nursing **LIVE** HIMS PRINT ALL NURSING INFORMATION	Printed 10/01/19 at 1353
ion Sts Directions Recorded Documented Date Time by Comment Daits	Froblem/Goal/Intervention Description From Activity Occurred Recorded Change Type Date Time by	Sts Directions From Documented Comment Units Charge
lime: 1006 (continued)	Activity Date: 13/04/15 Time: 1200 (continued)	
Peripherally Inserted Central Catheter (Y/X): N  State Description #1: Normal Rate (CG/RT) #1: 45  The Of IV Solution #1 (free text): D5 1/2 NS  Site Charged #1: 11/03/15  Site Charged #1: 11/03/15  Synthing Charged #1: 11/03/15  Thubing Charged	200008 IV Sire #1 Check/Caro (continued) IV Dressing Changed Site #1: 11/03/15 IV Dressing Changed Time #1: Date IV #1) started: 11/03/15 Time IV (#1) started: - Edit Results 11/04/15 1200 DSS 11/04/15 1720 DSS Site Description #1: Leaking (Normal: Type Of IV Solution #1: Leaking DSS 11/04/15 1209 DSS Pamily Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y Repidence of meds given: N Bed High OR Low Position: IOW All Alarms On and Audibie: Y Call Light Alarms On and Audibie: Y Call Light Alarms On and Audibie: N Cay in use: N	: ('55 1/2 NS'. A 02H 5.3 erved: Y tions: Y
Z>	Activity Date: 11/04/15 Time: 12:0	
itics: LOW dible: Y n use: N Unit: N	990008-A RT - Aerosol Therapy A 11/04/15 1318 DRW - Document 11/04/15 1210 DRW 11/04/15 1318 DRW IS This a New Start: N Protocol N Therapy Given: Y If no, why: Therapy Frequency Q4H Meds/Dosage: ALBUTENOL UD	A Q6H 2.5 If no, why:
Vital Signs  Vital Signs taken by a NAI are reviewed  by an RN.  11/04/15 1200 DSS 11/04/15 1205 DSS  11/04/15 1200 DSS 11/04/15 1205 DSS  e:  p: 97.2 Type Of Temperature: Tympanic  e: 114 Heart Rate Source: Machine  e: 35	CP Vitals: PRE HR 120 HR 110 HR 24 HRS COARSE HRS SAVE HRS SAVE  PF  Effective cough Y Sputum Anount: None Increase Secretions N Sputum Color:	POST Cone
SA02: 95  O2 Delivery: ROXW AIR  0008  IV Site #1 Check/Care  Document  Il/04/15 1200 DSS  Y Site #1: Left Hand  Peripherally Inserted Certaal Catheter (Y/N): N  Site Description #1: Normal  Raue (cc/rr) #1: 45  pe Of IV Solution #1 (free text): D5 1/2 NS  Site Changed #1: 11/03/15  Ty Ubding Changed #1: 11/03/15  FFB Tubing Changed #1:  ST Third Settings #1:  ST Third Settings #1:  ST Third Settings #1:	Spirum: Consistency:  Is Patient Progressing Toward Goai: Yes  Comments/Plan: PAITENT TOLERATED TREATHENT WELL VIA MASK. NO ADVERSE REACTIONS NOTED  990068-A	GOAL NOTE: ASK. NO ADVERSE REACTIONS NOTED. A Q2H 2.5 If no, why:
	Vitals: PRE	F05T

## Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 175 of 333 PageID #:

4Y 04M F Attending:	, NOSESCASI	1	Page: 24 ci 39
<pre>Unit #: K000229694 Admitted: 11/02/15 at 2235 Location: 5ES Status: DIS IN Room/Bed: K.E5518-1</pre>	Wills-Knighton South Nuvsing **LIVE HINS FRINT ALL NUSING INFORMATION	Printed	10/61/19 at 1353
Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Date Time by Comment	ns Prom Parted Units Chance	Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Comment Units	From
Accivity Date: 11/04/15 Time: 1210 (continued)		Activity Date: 11/04/15 Time: 1400 (continued)	
990008-A XI - Aexosol Therapy (continued) HR 120 HR 120 RR 24 BBS COARSE : : : : :		200021 Safery Crecks (continued)  Bed High OR Low Postion: LOW  All Alarms On and Audible: Y  CRY in use: N  Pr. Off Unit: N	
Effective cough Y Spurum Amount: None		Activity Date: 11/04/15 Time: 1550	
Increase Secretions N Spurum Color: Spurum Consistency:		sol Therepy 5 1550 DRW 11/04/15 1704 DRW	Ů
IS Patient Progressing Toward Goal: Yes  Comments/Plan: PATIENT IOLERAIRD TREADENT WELL VIA MASK. NO ADVERSE REACTI	Note: REACTIONS NOTED.	Is This a New Start: N Protocol N Therapy Given: Y If To, why: Therapy Froguency ORE Reds/Dosege: ID ALBUTEROL	
Activity Date: 11/04/15 "ine: 1317		Vitals:         FRE         FOST           PR 110         PR 110	
	CP 23/03 0000 CP < 4	RR 30   RR 30   RB S CORRSE   BBS SAVE   : : : : : : : : : : : : : : : : : :	121
990008-A RT - Aerosol Thorapy A Q2H - Create 11/04/15 1317 DRW 11/04/15 1317 DRW - Ed Directs 11/04/15 1317 DRW 11/04/15 1317 DRW 11/04/15	Â	Effective cough Y Spurum Spurum irease Secretions N Spurum Spurum Consi	5
Activity Jate: 11/04/15 Time: 1400		Is Patient Progressing Coal Note: Y	
200008	ಪ	COMMENDES/Plan: PATIENT TOLERATED TREATMENT WELL VIA MASK. NO ADVERSE REACTIONS NOTED	OTED.
Peripherally Size #1: Lett fair. Peripherally faired Catheter (Y/N): N  6:te language fair fair fair fair fair fair fair fair		Acrivity Dare: 11/06/15 Time: 1600	
		ď	CP
Olthic: #1 (11/03/15 Changed #1: 11/03/15		Vital Signs taken by a NAI are reviewed hy an by	
IV Tubing Changed #1: 11/03/15 IVPB Tubing Changed #1: PSI Limit Settings #1:		Dy al Ra Document 11/04/15 1600 DSS 11/04/15 1711 DSS 21.4 Blood Pressure: 3P Position:	
PSI Actual Reading #1: IV Dressing Changed Site #1: 11/03/15 IV Dressing Changed Time #1:		32 Type: Temp: 97.2 Type Of Temperature: Tympanic Heart Rate: 115 Heart Rate Source: Machine	Pag
Date IV (#1) started: 11/03/15 Time IV (#1) started: - Undo	e	Resp. Rate: 35 SAO2: 99 O2 Delivery: ROOM AIR 450010 Intake A 06,18	je 1600
nent 11/04/15 1400 DSS 11/04/15 1719 DSS 11/04/15 1719 DSS 11/04/15 1400 DSS 11/04/15 1719 DSS	5.3	rent	of 1
		ORAL - just H20 (ml): ORAL (mot water) ml: 620	758
Crib Rails (Cp / Down): Not Applicable Number Of Bed Rails Up: 3 Are bedrails up because of meds civen: N		<pre>Libe Feed (ml):</pre>	

		1216	Page 1601 of 1758
Page: 25 cf 39 10/01/19 at 1353	From Change	C C C C C C C C C C C C C C C C C C C	-> 11/07/15 -> 25
Printed .	vention Description Ste Directions Occurred Recorded Documented e Time by Date Time by Comment Units	Sefery Checks (continued)  Sefery Checks (continued)  Pr. Off Unit: N  Sefery Checks  11/64/15 Time: 1700  Sefery Checks  11/64/15 Time: 1700  Sefery Checks  11/64/15 Time: 1700  Crib Fails (Up / Down): Not Applicable Number Of Bed Rails Up: 3  Up because of neds given: N  Bed Brakes Locked: Y  Bed Brakes Locked: Y  Bed Brakes Locked: Y  Respiration Observed: Y  Respiration Observed: Y  Crib Fails (Up / Down): Not Applicable Number Of Bed Rails Up: 3  Up because of neds given: N  Red Brakes Locked: Y  Res 11/64/15 Time: 1720  IV Site #1 Check/Care  IV Site #1 Time: 1729  IV Site #1 Check/Care  IV Site #1 Check/Care  IV Site #1 Time: 1729  IV Site #1 Time: 1729  IV Site #1 Time: 1729  IV Site #1 Time: 1729  IV Site #1 Time: 1729  IV Site #1 Time: 1729  IV Site #1 Time: 1729  IV Site #1 Time: 1729  IV Site #1 Time: 1729  IV Site #1 Time: 1729  IV Site #1 Time: 1729  IV Site #1 Time: 1729  IV Site #1 Time: 1729  IV Site #1 Time: 1729  IV Site #1 Time: 1729  IV Site #1 Time: 1729  IV Site #1 Time: 1729  IV Site #1 Time: 1729  IV Site #1 Time: 17	### ##################################
ALIYAH J. h Nursing **LIVB** SING LNFORVALION	Problen/Goal/Intervention Description Activity Occurred Re	- 13 5 1 51 65 5 6 5 5 5 5 5 5 5 5 5 5 5 5 5	ACLIVITY JATE: 11/04/15 God: AIRWAN BREATHING/15 177 ACLIVITY Date: 11/04/15 17 L-D DOCUMENT 11/04/15 19 Learner's Preferred Method: Larguage Spoken (002): If Other, Describe:
Willis-Knighton South Nursing **LIVE** HIMS PAINT ALL NURSING INFORMATION	ections Documented Units Change	C6,18  Inserted:  Last Void Time:  Date Of Last BM:	5.3
Attending: Tran, Staton N.M.D. Account #: K31687676 Location: EES Room/Bed: K.E5518-1	Sts Dir corded c Time by Conment	1600 (continued)  A /04/15 1716 DSS  AL!: Date Cath fine: ine: AL!: Date Cath fine: ine: AL!: Date Cath fine: ine: AL!: Date Cath fine: AL!: AL!: AL!: AL!: AL!: AL!: AL!: AL!:	Of Misc. Body Finid (ml):  t Or Asp. Of - Misc. Body Fluid:  afery Checks  in 1/64/15 160c DSS 11/04/15 1719 DSS  ber At Bedside: Y Respiration Observed: Y  phone In Reach: Y Fall Precautions: Y  Crib Rails (Jp / Down): Not Applicable  Number Of Bed Rails Up: 3  because of meds given: N  Bed Brakes Locked: Y  ed High OR Low Position: LOW  L Alarms Cn and Audible: Y  CRM in use: N
Age/Sex: 4Y G4X F Unit #: KOC6529604 Admitted: 11/02/15 at 2235 Status: 2.5 EN	Problem/Goal/Intervention Description Activity Occurred Re Type Date Time by Dat	Activity Date: 11/04/15	Ami. Of Or Aep. Of Misc. Body Fluid (m) Source Of Cupput Or Asp. Of - Misc. Bod 20002; Safery Checks Document 11/04/15 1600 DSS 11/0 Family Member Ar Bedside: Y Call Light/Telephone In Reach: Y Call Light/Telephone In Reach: Y Call Light/Telephone In Reach: Y Are bedrails up because of meds given: Bed Brakes Locked: Bed Brakes Locked: Bed High OR Low Position: All Alarms On and Audible: CEM In Use:

	Ca	se 5:19-	cv-0(	0163-E	EF-ML	H Doo	umer	nt 49 1	9-4 217	Filed 05/07/	'20 Pa	ge 177	of 333 P Page 1602	agelD #	<u>:</u>
Page: 26 of 39	E** Printed 10/01/19 at 1353	Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented Type Date Time by Comment Units Charge	: 31/04/25 Time: 1920 (continued)	Discharge Assessment/Planning (continued)	Arrangements Made to Moet Need(s): Y :OMGOING::	Reassessment/Evaluation - Pediatrics       A       CP         Direction ->C7,19       Document when done       11/64/15 1200 CT       0.0         Shift: 7P - 7A       7A	Focus / Plan For The Day: BREATHING TX Plan Of Care Discussed With Patient: Y Plan Of Care Opdated: 11/64/15	Dressing: N Drain: N Pain At Present Time: N Swallowing Difficulty: N	rtness: Responds to parent Pupillary Reaction: Equal/Reactive   Assmt: Calm   Responds: Spontaneously	*Breath Sounds: Coarse  *Gough: Moist Cough Cough: Moist Cough Corsistency: Not Applicable Corsistency: Not Applicable  # when using Blender) Phise Quality: Normal Polsation  # when using Blender)  # when using Blender)  # when using Blender)  # when using Blender)  # when using Blender)  ## when using Blender)  ### when using Blender)  ###################################	This Shift: Y De SKONFONFONF a new episode of	Location Of Pain: Diration Of Pain: Character of Pain: Onset of Pain: Pain Relieved By:	Pain Yade Worse By: in scale used to assess pain: FLACC Pain score: 0 Pharmacologic (see MAR):	Novietariaculogue. Emotional support: Comfort measures: Cognitive techniques: Voiding: Y Indwelling Unimary Catheter Y/N: N Can this catheter be removed? (Y/N): N	ë
	"lis-foighton South Nursing **LIVE*	E O	Activity Date:	*TEE-88:	Arrancements M :OXGOING :	: 100507 - Document Date: 11/04/15		Wound: N Dr	Level Of Alerthess: Resported * Emotion/Psych Assmr: Calm	Aespirations: Cough: Expectorant Color: O2: N O2 Delivery: Palse Quality: Sdema Of Extremity:			CP Pharmacolc	Cognitive techniques:  Voiding: Y Indwelling	+
4Y 04K F Attending:	UNIT #: X030829604 AGCOUNT #: X31847670 Mills-Knighton Admitted: 11/02/15 at 2235 Location: 5ES Status: DIS EN Room/Bed: K.E5518-1	Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units Chance	Activity Date: 11/04/15 Time: 1920 (continued)	1-5 Patient Education (continued) *Religious or Cultural practices that may affect learning: N If YES, describe:	*frysica. imitations use may affect learning (Y/N): N *Cognitive limitations that may affect learning (Y/N): N If YES, describe: *Emptional limitations that may affect learning (Y/N): N	if Mass, describe: If partient has pain, what issues have been discussed with patient regarding this: :CALL FOR ANY PAIN OR DISCOYFORT :NA	Pt/Family encouraged to report concerns about Pt. safety issues: Y What safety issues have been addressed with the patient: 2 PT IDS, CALL BELL IN REACH, BED :LOW AND LOCKED, SIDE RAILS UP, ANGIT SUPERVISION	*Is pattent/family motivated to learn (Y/N): Y	LEARNING NEEDS TEACHING SUMMRY	*Disease (Y/N): Y :FEBIRUE IIINESS, HYPOXIA, REACTIVE ARIWAY, YYCOPLASMA ISolation (Y/N): Y :DROFIET  *Figuipment (Y/N): Y :CALL JIGHT  *Procedure (Y/N): Y :REASSESSMENT  *Vedication (Y/N): Y :PER ORDERS  *New Medication (Y/N): Y :RESP TXS, AZITHROMYCIN  Beducation ::	*FOLLOW-UP care (V/N): Y : ONCOING Rehab/Resources (Y/N): N : *Nutrition (Y/N): Y :TODDLER Other Teaching: PCC, SAFETY, CHANNEL 95, 2 PT IDS, CALL BELL IN REACH, BED IOW AND	: LOCKED, SIDE MAINS UP, ABOUT SUPERVISION  If applicable, pt has demonstrated competence to self administer medications: N  Medi: NA	Method Of Instruction: Explain Evidence Of learning Demonstrated By: Expresses Understanding 100006 Discharge Assessment/Planning A AS NEEDED - Document 11/04/15 1920 CT 11/05/15 0050 CT	Discharge Problems/Needs Identified: Y :ACTIVITY :S/S RESP DISTRESS :MEDS	an wortos:

Page: 27 of 39 Printed 10/01/19 at 1353 Willis-Krighton South Nursing \*\*LIVE\*\* HIMS PRINI ALL NURSING LNFORWATION HENDERSON / WAH Tran, Sharon N M.D. Account #: K3\_687676 Room/Bed: K.E5518-1 SES Attending: Location: Admitted: 11/02/15 at 2235 Unit #: K000629604 Age/Sex: 4Y 04M F Status: DIS IN

From No Apparent Problem I verify that I have performed a complete skin assessment and documented all findings below. G 12 YES, list all location(s) and use the Skin Description lookup and/or Free Text for EACH. No Limitation Chance Excellent FREE TEXT DESCRIPTION OF SKIN FININGS (size, wound bed, drainage, odor, etc): Skin Temp/Character: Warm & Dry 80.2 Documented Siightly Limited Adequate Potential Problem Directions AS NEEDED Acecrate No Apparent Problem - Occasionally Woist Walks Occasionally Reassessment/Evaluation - Pediatrics (continued) - Slightly Limited Confrer Pressure Clear/Skin Impairment Since Previous Assessment: N Sts - No Limitation Þ Time: 1920 (continued) - Adequate Acequate 长 ģ SKIN DESCRIPTION 11/04/15 1920 CT 11/05/15 0052 Time Very Limited Inadequate Compromised Problem Recorded Emotional Support/Teaching Problem/Goal/Intervention Description Extremely Compromised Significant Problem Completely Immobile Occurred Activity: Mobility: Nutrition: Sersory Perception: Woisture: Friction/Shear: Tissue Perfusion/Oxygenation: Total Braden Scale Score: 23 Very Poor Skin Color: Normal Skin Hydration: Normal Activity Date: 11/04/15 SKIN INTACT LOCATION Activity HERF/OXYGEN FRICT/SHEAR · Document MOBILITY NOTIFIED 102000 100507 Prog Precautions: Y Type of Precautions: Droplet Precaution

Standard Precautions: Y
Negative Alt Preseure Confirmed · Discharge of air Cutdoors or HEPA Filtration Unit (Y/N): N
\*Is patient DO NOT RESISCITATE: N Miltiple usage of: Sedatives, Hypnotics, Age Appropriate No Impairment Rarely Moist Response to Surgery/Sedation/Anesthesia 0 Barbituates, Phemothiazines, Anti-(4) History of Fall or Infant-ToddLer Patient uses assistive devices or depressants, Laxanives/Diuretics, (2) One of the meds listed above Waintain Central Line: L.C/PICC/SWAN/PORT/HD CATHETER/UAC/UC/BROVIAC? (Y/N): N × Infant-Toddler in Crib or SCDs in place at beginning of shift: N TEDs in place at beginning of shift: (1) Other Medications/None Occasionally Noist Walks Occasionally Patient Placed in Bed Slightly Limited Documented (1) Nore than 48 hours Furniture/Lighting Environmental Factors: 2 Sts Directions Heating Pac: N (3) Within 24 hours (2) Within 48 hours Patient Placed
 Outpatient Area .... BRADEN SCALE FOR PEDS (LESS THAN 18 YEARS OLD) Placed in Bed Fall Risk Total: 14 Medication Usage: 1 Reassessment/Evaluation - Pediatrics (continued) Narcotic Comment Type of Reaction: Character Of Urine: Not Observed Does the Fallent Have any Compitaints Or Specific Needs: Specific Needs: \$/S RESP DISTRESS \*Restraints; N \*Restraint Type: Has patient had an adverse drug reaction this shift: N If yes, name of Med: (continued) How Many IV Pumps: 0 Feeding Pump: N .ὰ (3) Very Limited Very Moist Chairfast Can this line be removed? (Y/N): N Recorded Time: 1920 Maintain Peripheral IV or FRN Adapter Y/N: Respiratory Diagnosis, Dehyoration, Problem/Goal/Intervention Description á, (4) Less than 3 years old (3) 3 to less than 7 years old (2) 7 to less than 13 year old Completely Limited (2) Psych/Behavioral Disorders(1) Other Diagnosis Constantly Moist (3) Alteration in Oxygenation Anemia, Anorexia, Syncope (3) Not Aware of Limitations (2) Forgets Limitations (1) Oriented to Own Ability Pediatric Fall Risk Assessment Time (4) Neurological Diagnosis Occurred (1) 13 years and above (1) Ferrale Activity Date: 11/04/15 Cognicive Impairment: 3 Date Diziness, etc. Specific Needs: Diagnosis: 3 SENS PERCEP Activity (2) Nale IV Pump: N Gender: 1 MOISTURE ACT:VITY 100507

	From	CP CP	Page 1604 of 1758 ਹੈ
Nursing **LIVE**  Printed 10/01/19 at ING INFORMATION	Problem/Goal/Intervention Description Ste Directions Activity Occurred Recorded Documented Type Date Time by Comment Units (	TY Date: 11/04/15 Time: 1920 (G Parient Education (continued) *Disease (Y/N): Y :FEBIRE TINESS, HY Bolation (Y/N): Y :REBIRE TINESS, HY Procedure (Y/N): Y :REBIRESSESSENT Redication (Y/N): Y :RESP TMS, AZTHRONN Education (Y/N): Y :RESP TMS, AZTHRONN Education (Y/N): Y :RESP TMS, AZTHRONN W-up care (Y/N): Y :RONGOING TRESCURES (Y/N): N : NONGOING TRESCURES (Y/N): N : TOONER (TREST TMS)  Oliver leaching: DC, SAFET, CHANEL (TANE)  Incable, pt has demonstrated competence all: NA	EAR BER  FECTIVE COUGEN SEQUEUR AND SECRETIONS N SQUEUR AND SQUEUR CONSIST OF SQUEUR
Wills-Krighton South Nursing **LIVE HIMS FRINT ALL NURSING INFORMATION	Sts Directions Prom Documented Change	21.4 CF S.3 CF CF CF CF CF CF CF CF CF CF CF CF CF	ntient regarding this: nes: Y I IDS, CALL BELL IN REACH, BED
Attending: Tran, Sharon N M.D. Account #: K31687676 Location: 5ES Room/Bed: K.E3518-1	corded e Time by C	A C I are reviewed by 1 are reviewed tion:  tion:  truce: Yampanic  very: ROOM AIR A A B A B A B A B A B A B A B A B A B	If YES, describe:  "YES, describe:  "YES, describe:  "YES, describe:  "YES, describe:  "Ending (Y/N): N  If YES, describe:  "Ending (Y/N): N  If YES, describe:  "Ending (Y/N): N  If YES, describe:  If YE
Age/Sex: 4Y 04% F Unit #: KOC629604 Admitted: 11/02/15 at 2235 Status: DIS EN	Problem/Goal/Intervention Description Activity Occurred Re	Activity Date: 11/04/15ime: 1, 400010 Vital Signs taken by a NA by an RN Document 11/04/15 1920 CT 11/0 3-000 Pressure: Temp: 97.7 1ypc Of Tempera Heart Rate: 150 Heart Rate So Rosp. Rate: 150 Heart Rate So Rosp. Rate: 150 Heart Rate So Rosp. Rate: 150 Heart Rate So Rosp. Rate: 150 Heart Rate So Rosp. Rate: 150 Heart Rate So Rosp. Rate: 150 Heart Rate So Rosp. Rate: 150 Heart Rate So Rosp. Rate: 150 Heart Rate So Rosp. Rate: 150 Heart Rate So Rosp. Rate: 150 Heart Rate So Rosp. Rate: 10 Hown: Rate: 11/04/15 1920 CT 11/0 Learner's Freferred Nation: Learner's Freferred Nation: One-on-One Learner's Freferred Nation One-on-One Learner's Freferred Nations Cone-on-One Learner's Freferred Nations Cone-on-One Learner's Freferred Nations Cone-on-One Learner's Freferred Nations Preplish Repliquos or Cultural practices that	*Physical limitations that may affect learning If YES, describe: *Cognitive limitations that may affect learning if YES, describe: *Darcional limitations that may affect learning If YES, describe: If YES, describe: If YES, describe: If YES, describe: If SES, describe: If YES, descr

*		Problem/Goal/Intervention Description  Activity Occurred Recorded Date Time by Date Time by Activity Date: 11/06/15 Time: 2330 (conton Posts)	200021 Safety Checke (continued) Number Of Bed Rails Up; 3 Are bedrails up because of meds given; N Bed Brakes Locked: Y Bed High OR Low Position: LCW All Alarms On and Audible; Y CPM in use: N P2. Off Units: N	y Date: 11/04/15 Tirm	990006.A KT - Aeroso_ Therapy - Document 11/c4/15 2339 KW 11/05/15 0522 KM - Document 11/c4/15 2339 KW 11/05/15 0522 KM - Document 11/c4/15 2339 KW 11/05/15 0522 KM - Therapy Evoquency Q4:: Therapy Froquency Q4:: Meds/Jossage: UD ALBUIEROI.	V2te2.5: PRE :: 227 158 227 158 128 129 158 129 158 129 158 129 158 129 158	333 Day 335 C.E.M. 335 C.E.M. 337 C.E.M. 338 C.E.M. 339 C.E.M. 340 C.E.M. 351 C.E.M. 362 C.E.M. 371 C.E.M. 372 C.E.M. 373 C.E.M. 374 C.E.M. 375 C.E.M. 375 C.E.M. 376 C.E.M. 377 C.E.M. 377 C.E.M. 377 C.E.M. 378	Effective cough N Spurum Anount 10 Increase Secretions N Spurum Colorid Spurum Consistency:  Is Patient Progressing Toward Goal: Yes	Comments/Flan: TOLERATED TREATMENT WELL	Acriving 11/25/15
Age/Sex: 4Y 04M F         Attending: Tran, Sharon N M.D.         PENDERSON, AMILYAH           Unit #: K0006296C4         Account #: K316876         Wills-Krighton South Nurs.	Status: DIS IX Room/Bed: K.E5518-1 HINS PRINT ALL NURSING INTORMATION	Problem/Goal/Intervention Description Sts Directions From Activity Occurred Recorded Documented The Dy Comment Units Change Type 12/04/15 Time Dy Comment Units Change Activity Date: 11/04/15 Time: 2003 (continued)	990008-A RT - Aerosol Therapy (continued) Vitals: PRE 114 RR 28 HSS C.EAR RR 28  : : : : : : : : : : : : : : : : : : :	Effective cough N Spurum Anount: None Increase Secretions N Spurum Color: Spurum Consistency:	<pre>Js Patient Progressing Toward Goal: Yes Comments/Plan: TOLERARED TREAMENT WELL</pre>	Activity Date; 1:/05/15 Time: 2:30	20002 Safety Checks A Q2H - Document 11/04/15 2130 CT 11/05/15 0055 CT 5.3 Family Member At Bedside: Y Respiration Chosenved: Y Call Light/Telephone In Reach: Y Fall Precautions: Y	Crib Rails (Up / Down): Not Applicable Number Of Bed Rails Up: 3 Are bedrails up because of mods given: N Bed Brakes Looked: Y Bed High OR Low Position: LOW	All Alazins On and Auduble: V CPM in user N Ft. Off Whit: N	Artivity mater 13 /Az /15 Time, 222A

		1221	Page 1606 of 1758
Page: 30 cf 39 .0/01/19 at 1353	From	- B	÷ ÷
Dage: Page: Page: Page: Page: Page:	Problem/Goal/Intervention Description Ste Directions Activity Occurred Recorded Documented Type Date Time by Date Time by Comment	Chest Ti/Ob/15 Time: 9400 (Gutput (continued) Amount Of Stool: Ticostomy Cutput: New Colostomy Cutput: New Colostomy Cutput: New Colostomy Cutput: New Colostomy Cutput: Ne (fil): Nest: Bid Loss (ml): Drain 3: Drain 3: Drain 3: Drain 3: Drain 4: Nephrostomy (ml): Nothoroup (ml)	HR 214  FR 216  FR 26
Wills-Krighton South Nursing **IIVE**	Prom From Chango	CP (150100 0).0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	Đ
Age/Sex: 4Y 04X F Attending: Tran, Sharon N.X.D. Unit #: \$C00629664 Account #: \$31687676 Admitted: 11/02/15 at 2235 Location: 5ES Status: DIS IX Room/Bed: K.E5518-1	Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Date Time hy Comment Units	Activity Date: 11/65/15	NGT Table Flushes (ml):     PEG Tube Flushes (ml):

Age/Sex: 4Y 04Y F			Page: 31 of 39
<pre>thait #: KC00629604 Admitted: 11/02/15 at 2235 Status: DIS IN</pre>	Account #: K3.687676 Location: SES Room/Bed: X.E5518-1	Willis-Krighton South Nursing **ZIVE** HIMS PRINT ALL NURSING INFORMATION	Nursing **LIVE**  Printed 10/01/19 at 1353
ant do	Sts Directio	From	/Gcal/Intervention Description Sts Directions
Da	te by Comment בואל by Comment	Change	Type Date Time by Comment Units Change
Activity Date: 11/05/15	Time: 0404 (continued)		Activity Date: 11/05/15 Time: 0530 (continued)
Vitals: 242 HR 114	105. 115 115 110 115 115 115 115 115 115 115 115 115	<b>, k</b> ,	Law in uso: n Pt. Off Unit: N
HA 28 HES (LEAR	55 C.EAR	L	Activity Date: 11/05/15 Time: 0553
:	:: वंद		450010 Inteke 11/05/15 0553 CT 11/05/15 0553 CT 20.7
Effective cough N Increase Secretions N	Sputum Amount: None Sputum Color: Sputum Consistency:		24
is Patient Progressing Toward Goal: Yes	rd Goal: Yes Goal Note: Y		NGI Tube Fleed (FL):  NGI Tube Fleedes (FL):
Comments/Plen: TOLERATED TREATMENT WELL	EATNSNT WELL		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
- Undo :11/05/15 0404 - Document :11/05/15 0404 This a New Start: N Proco	0404 KV 11/05/15 0641 KM 0404 KV 11/05/15 0644 RM Protocol N Treracy Given: Y 15 no, wity:		TEN (FL):
б			.01
Vitals: FRE	TSOS		Urine voided (ml): Urine carh. (ml): Date Carh Inserted:
HR 114 RR 28	FR 115 RR 28		Character Of Crine:
BBS CLEAR :	BBS CIPAR :		Urine Inct Est (ml): If No Cutput, Is Pt. On Dialysis:
ig.	HG		Void X NW: I Last Void Date: Last Void Time: Srool X: 1 Srool Weight of s Date of Last BW: 11/05/15
Effective cough N	Sputter Atount: None	<u></u>	tool Consistency:
	Spurum Consistency:		Acount of Stool: Theorem of Stool:
Is Patient Progressing Toward Goal: Yes	ird Goal: Yes Goal Note: Y	,	New Colostomy Output:
Comments/Plan: TOLERATED TREATMENT WELL	EPAINENI WELL		: (== )
Activity Date: 11/05/15			
200021 Safety Crecks - Document 11/05/15 0530 Family Member At Bedside: Call Light/Telephone In Reacn:	A Q2H  53C CT 11/05/15 0627 CT  5.3  6.3  Respiration Observed: Y  7all Procautions: Y	CD	Yeas Bid Loss (π]):  Chest Tube #1 (πl):  Chest Tube #2 (ml):  Drain 1:
Crib Rails (Cp / Down): Number Of aed Rails Up: Are bedrails up because of meds given: Bed Stakes Inches	Crib Rails (ip / Down): Not Applicable Number Of sed Rails Up: 3 Decause of sed given: N Bed Stree Indiced: V		Drain 2: Drain 3: Drain 4: Crostony (ml): Nethrogramy (ml):
Bed High OR L			MCCOD EVAC. #1 (m1):

Attending:	Page: 32 cf 35
<pre>thit #: KCO0629604 Account #: KC168766 Admitted: 11/02/15 at 2235 Location: 5ES status: DIS IN Room/Bed: K.E5518-1 FINS PRINT All</pre>	LIIS-Krighton South Nursing **LIVE** HIMS PRINT ALL NURSING INFORMATION
Problem/Goal/Intervention Description Sta Directions Activity Occurred Type Date Time by Pate Time by Comment Units Charge	Problem/Goal/Intervention Description From Activity Occurred Recorded Documented e Type Date Time by Date Time by Comment
Activity Date: 11/05/15 Time: 0553 (continued)	Activity Date: 11/05/15 Time: 0600 (continued)
450100 Output (continued) Art. Of Or Asp. Of Misc. Body Fluid (ml): Source Of Output Or Asp. Of - Misc. Body Fluid:	1-5 Patient Education (continued) Wethod Of Instruction: Explain
್ಷಾಣ: ೧೯	Evidence Of Learning Demonstrated By: Expresses Understanding 102012 PALN Assessment / Management - PEDI A PRN
00ccion 080c DSS 11/05/15 0819 DSS 0.0 er: Grandparentis) od: Oxe-on-Oxe Teaching 2): Erglish	Use to docurent the effectiveness of medications given specifically for the control of pain.  Ask patient to be specific regarding location, severity, and type of pain.
If Other, Describe: ************************************	Are You list a new episode of pain: N
If YES, describe: *Physical limitations that may affect learning (Y/N): N	Cocaion of Pain: Duration of Pain: Defendation of Pain:
<pre>"Cognitive limitations that may affect learning (Y/N): N If YES, describe:</pre>	
*Emotional limitations that may affect learning (Y/N): N If YES, describe:	Pain Relieved By: Pain Made Worse By:
If pariont has pain, what issues have been discussed with pathent regarding this: :CALL FOR ANY FAIN OR DISCOMFORT :	
Pt/family encouraged to report concerns about Pt. safety issues: Y What safety issues have been addressed with the patient: 2 PT IDS, CAIL BELL IN REACH, B	Pharmacologic (see YMR): Y  Non-Pharmacologic:  Emotional support:  Y
*Is pathent/family motivated to lear: $(Y/S)$ : Y if NO, explain:	Comiont measures:  Cognitive techniques:  10006  Secretare Assessment/Planning  A AS NEEDED  CP
LEARNING NEEDS : TEACHING SURVARY	ent 11/05/15 0800 DSS 11/05/15 0819 DSS
*Jisease (Y/N): Y :FEBIRUE ILINESS, HYPOXIA, REACTIVE AIRWAY, MYCOPLASNA Isolation (Y/N): Y :DROPLET *Equipment (Y/N): Y :CALL light *Procedure (Y/N): Y :PERSESSMENT *Medication (Y/N): Y :PER ORDERS *New Medication (Y/N): Y :RESP TXS, AZITHROMYCIN Education :	Discharge Problems/Needs Identified: Y :ACIVITY :S/S RESP DISTRESS :MEDS :FOLLOW UP :SAFETY
*FOLLOW-UD CARE (Y/N): Y :ONGOING *Rhab/Resources (Y/N): N : *Nutrition (Y/N): Y :IODDERR Other Teaching: POC, SAPETY, CHANNEL 95, 2 PT IDS, CALL BELL IN REACH, BED LOW AND : LOCKED, SIDE RALLS UP, ADULT SUPERVISION	Arrangements Made to Meet Need(s): Y :ONGOING ::
If applicable, pt has demonstrated competence to self administer medications: Noted: NA Medi: NA	

- Slightly Limited - Occasionally Moist - Walks Occasionally - No Limitation

Sensory Perception: 3
Moisture: 3
Activity: 3
Mobility: 4

Maintain Central Line:TLC/PICC/SWRN/FORT/HD CATHETER/UAC/UVC/BROVIAC? (Y/K): N Can this line be removed? (Y/N): N

SCDs in place at beginning of shift: N TEDS in place at beginning of shift: N

Ade/Sex: 4Y 04% F Attending: Tran, Sharon N M.D.	Fage: 33 of 35
XCO0629604 11/02/15 at 2235 DIS IN	Nursing **INE**  Nursin
1/intervention Descripti	Sts Directions Documented
Activity Occurred Recorded Connent Onits Change Type Date Time by Date Time by Connent Units Change	Date Time by D
Activity Date: 11/05/15 Time: 0800	Activity Date: 11/65/15 Time: 0800 (continued)
100507 Reassesment/Evaluation - Pediatrics A	100507 Reassessment/Evaluation - Pediatrics (continued) Openinain Peripheral IV or PRN Adaptor Y/N: N
	nt Type: se drug reaction th
Focus / Plan for The Day: BREATHING TX,meds Plan Of Care Discussed With Patient: Y Plan Of Care Updated: 31/05/15	If yos, mans of Med:  Type of readtic:  Type of readtic:  Specific Needs: Y
Wound: N Dressing: N Drain: N Pain At Present Time: N Swallowing Difficulty: N	
<pre>level_Of Alertness: Responds to parent Pupillary Reaction: Equal/Reactive</pre>	Precautions: Y Type of Precautions: Droplet Precaution Standard Precautions: Y Negative Air Pressure Confirmed - Discharge of air Outdoors or HERA Filtration Unit (Y/N): N
ations: Regular and Effortless **Br Cough: Moist Cough	
Expectorant Color: Not Applicable Consistency: Not Applicable Color: Not Applicable Colo	(4) History of Fall or Infant-Toddler
.lsation	Less than 3 years old  3 to less than 7 years old  3 to less than 7 years old  43 patient uses assistive devices or  7 to less than 7 years old fant-tradier in Crib or
Soft/Active Bowel Sounds	to less that if year old for the first transferring from the first for the first from the first
Bowel Movement Inis Shift: N Date Of Last Bowel Novement: 11/64/15	(1) Ferale (2) Curport/Carterior/Anesticesia (2)
Are You having PAIN / DISCOMFORT Now: N Is this a new episode of pain: N	Ssis: 3 Neurological Diagnosis
Location Of Pain:	ydration, (1) More than 48 hours
Character of Path:	Medication Jagge:
Other Of Falm. Pain Relieved By:	(2) Psych/Behavioral Disorders Barbituates, Fremothidzines, All. (2) Psych/Behavioral Disorders (2) Payor nightweetes, Contessants, Laxatives/Diuretics,
Pain yade Worse By:	tive Impairment: 3 Narcotic
raili scane usec in pain score;	(3) Not Aware of Limitations (2) Une of the inch instrumentations (2) Porgets Limitations (2) Corber Medications/None
Prarmacologic (see MAR):	lity Fall Risk Total: 14
Non-Pharmacologic: Emotional support:	CITO SERAR 16 YEAR SELD SCER FOR ELVE SELD.
Comfort measures: Cognitive techniques:	4 imited No Impairment T
Crim	Constantly Moist Very Moist Occasionally Moist R Bedfact Chairfast Walks Occasionally Age Commission Very Finited No
Of Urine: Not Obse	Very Annual Indequate Excellent Signate Scientific Starts Problem No Apparent Problem
IV Pump: N How Yary IV Pumps: C Feeding Pump: N Heating Pad: N	d Compromised Adequate Excellent
	58

					1225	rage 1010 of 1730
Pege: 34 of 39 0/01/i9 at 1353	From		C)	<b>.</b>	ð	ð
Page:  19 **_IVE**  Page:  10/01/19	Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units	Activity Date: 11/05/15 Time: 0600	or Perce	Percentage of Supplement Consumed: 550040 Formula Prep	Crib Rails (Up / Dowr): Nor App Number Of Bed Rails Up: 3 Leails up because of meds given: N Bed arakes Locked: Y Bed arakes Locked: Y CPM in use: N RI Alarms On and Audibie: Y CPM in use: N Pr. Off Unit: N Pr. Off Unit: N Fig. 11/65/15 0800 BAC 11/05/15 1 Sa New Start: N Protocol N Therapy Frequency Q4H Ss/Josage: UD ALBUTEROL	PE  Effective cough Y Sputum Arount: None Entective cough Y Sputum Arount: None Entective cough Y Sputum Consistency:  Sputum Consistency:  Is Patient Progressing Toward Goal: Unchanged  Comments/Plan: PATIENT TOLERATED TREATMENT WELL  3000001 Breathing Pattern, Ineffective - Document 11/05/15 0800 DSS 11/05/15 0831 DSS  SA02: 97  Is patient on oxygen? N
Willis-Krighton South Nursing **LIVE** HTXS PRINT ALL NURSING INFORMATION	From	Activ	5503C-B - Document	all findings below. Thy  ree Text for EACH.	Are bedrain 99008-A - 70cumen 55 This a Therapy E Terapy	ci ci ci
Attending: Tran, Sharon N M.D. Account #: X31687676 35 Location: 5ES Room/Bed: X.ES518-1	on Description Sts Directions red Recorded Documented	Time: 0805 (continued)	ination - Pedi 3 3 4	lete skin assessment and documented Skin Temp/Character: Warm Previous Assessment: N the Skin Description lookup and/or	SKIN DESCRIPTION  FREE TEXT DESCRIPTION OF SKIN FINDENGS (size, wound bed, drainage, odor, skin nyac:	Enctional Support/Teaching  11/05/15 0800 DSS 11/05/15 0830 DSS  Bath, Total Bed - Toddler  11/05/15 0800 DSS 11/05/15 0830 DSS  11/05/15 0800 DSS 11/05/15 0830 DSS  11/05/15 0800 DSS 11/05/15 0830 DSS  11/05/15 0800 DSS 11/05/15 0830 DSS  CAA
Age/Sex: 4Y 64% F Unit #: K000629604 Admitted: 11/02/15 at 2235 Status: DES EN	Problem/Goal/Intervention Description Activity Occurred Re	F. 1901 - Gast very tang	Rease Frict rfusion/O	L verify that I have performed a composite Skin Color: Normal Skin Hydration: Normal Pressure Ulcer/Skin Impainment Since If YES, list all location(s) and use	OCITION  SEE TEXT DESCRIPTION OF SECTION OF	by: Co

Age/Sex: 4Y 04X F	Attending: Tran, Sharon N.D.	HENDERSON,	T T T T T T T T T T T T T T T T T T T	Page: 35 of 39
	75-8-25 585 7. 555-8-2	s-Knighton Sout 15 PRINT ALL NUR	Willis-Krighton South Nursing **LIVE** HIMS PRINT ALL NURSING INFORMATION	01/19 at <u>1353</u>
Problem/Goal/Intervention Description Activity Occurred Re Type Date Time by Date	Description Sts Directions Recorded Documented Te by Date Time by Comment Units	From	Problem/Goal/Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Comment Units	From
Activity Date: 11/05/15	Time: 0800		Activity Date: 11/05/15 Time: 1114 (continued)	
40217C C2 Delivery - Document 11/05/15 0800 DGS ( 02 Delivery: ROCX AIR Oxygen Delivery Frequency:	A Q2H 00 DGS 11/05/15 0831 DSS 0.0 NOOM AIR	Ü	cl Thera	
Activity Date: 11/05/15	∵≟me; 0802			
400010 Vital Signs to Vital Signs Signs To Vital Signs Si	A Q4:: Vital Signs A Q4:: Vital Signs taken by a NAI are reviewed	Ů	) Activity Date: 11/65/15 Time: 1200	
Dy an Mn.  11/05/15 0602 Blood Pressure: BP Type: France: 18.4 Type (	0802 VV 11/05/15 0805 VV BP Position:		tal Signs tal Signs taken an RN. 11/05/15 1200 DB	ට
SAO2: 97	reart saic Source: Fachine O2 Delivery: ROOM AIR		(r	
Activity Date: 11/05/15	Time: 1000		Heart Rare: 130 Heart Rate Source: Machine Resp. Rare: 30	
20002. Safety Checks - Document 11/05/15 1000 DSS Family Member At Bedside: Y Call Light/Telephone In Reach: Y	A Q2H 00 DSS 11/05/15 1800 DSS de: Y Respiration Observed: Y ch: Y Fall Precautions: Y	<del>ل</del>	SAO2: 96 C2 Delivery: ROOM AIR 200021 Safety Checks A C2H - Document 11/05/15 1200 DSS 11/05/15 1800 DSS Family Verber At Beckide: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y	<b>226</b> 8
Crib Rails (Up / Down): Number Of Bed Rails Up: Are bedrails up because of meds givon: Bed Brakes locked: Bed High OR Low Position: All Alarms On and Audible: CRY in uso: Pro Off Unit.	Rails (Up / Down): Not Applicable rr of Bed Rails 12p: 3 use of meds given: N Bed Brakes Locked: Y is OR low Position: LOW ms Or and Audible: Y Con and Audible: N Pr. off Unit: N		Crib Rails (%) / Down): Not Applicable Number Of Sed Rails %: 3 Are pedrails up because of meds given: N Bed Brakes locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: Y CRY in use: N Pr. Off Unit: N	
Activity Date: 11/05/15	1114		Activity Date: 11/05/15 Time: 1400	
99CC08-A RT - Aerosol Therapy - Document 11/05/15 1114 BAC 111/05/ Is This a New Start: N Protocol N Ther Therapy Frequency Q4/08 Meds/Dosage: UP ALBUTEROL/UD ATROVENT	A Q4H 1114 BAC 11/05/15 1411 BAC Protocol N Therapy Given: Y If no, wiy: (BROL/UD AUROVENT	t	200021 Safety Checks A Q2H - Document 11/05/15 1400 DSS 11/05/15 1800 DSS 5.3 Family Momber At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precentions: Y	d Cb
Vicals: PRE FR 122 RR 26 BBS CLEAR :	POST HR 26 BBS CLEAR :		Crib Raiis (Up / Down): Not Applicable Number Of Bed Rails Up: 3 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Postition: LOW All Alarms On and Audible: Y CPY in use: N Dr Off Inni. N	
Effective cough Y Increase Secretions N	Sputum Anount: None Sputum Color:			

Age/Sex: 4Y 04N F Unit #: KOGCE29604 Admitted: 11/02/15 at 2235 Status: DIS IN	Attending: Tran, Sharon N.M.D. Account #: K31687676 Location: SES Room/Bed: K.E5518*-1	Wills-Knighton South Nursing **LIVE*	Rage: 36 of 39 inursing **LIVE** SING INFORMATION
Problem/Goal/Intervention Description Activity Occurred Re Type Date Time by Dat	Sts Directions Recorded Documented by Dato Time by Comment	From	Problem/Goal/Intervention Description Ste Directions From Stetivity Occurred Recorded Document Charge Type Date Time by Comment Units Charge
450016	A C6,18 10. 15 1759 DSS A C6,18 10. Date Cath Inscribed: 2 Last Void Date: 4 Last Void Date: 61gir cc's Date Of Last	CP CP CP CP CP CP CP CP CP CP CP CP CP C	Activity Date: 11/05/15 Time: 1600 (continued)  200021 Safety Checks (continued)  Crib Rails (Dp / Down: Not Applicable Number of Bed Rails (Dp / Down: Not Applicable Number of Bed Rails (Dp / Down: Not Applicable Number of Bed Rails (Dp / Down: Not Applicable Are bodrails up because of meds given: N  Red Brakes Locked: Y  Bed Brakes Locked: Y  Cry in use: N  Pr. Off Unit: N  Activity Date: 11/05/15 1628  11/05/15 1628 TIB 11/05/15 1638 TIB  Create 11/05/15 1628 TIB 11/05/15 1636 TIB  Pr. of Chief Complaint: TROBEE BREATHING *Punctional level Prior To Admit: Dependent Expected Therapy/Outcome: Relief OF SYMPTOKS  Brief Surmary Of Rospital Stay: IV FINIDS, ANTHBIOTICS, RESPIRATORY TRDATMENTS  Discharge Diag./Complications: NONE INSCHARGE VITAL SIGNS Blood Pressure: Relief Of Sympanic Telemetry Removed: NOT Applicated Hepparture: Tympenic Tympenic Telemetry Removed: NOT Applicated Hepparture: Tympenic Tympenicated Hepparture: Tympenicated Hepparture: Tympenicated Hepparture: Tympenicated Hepparture: Tympenicated Hepparture: Tympenicated Hepparture: Tympenicated Hepparture: Tympenicated Hepparture: Tympenicated Hepparture: Tympenicated Hepparture: Tympenicated Hepparture: Tympenicated Hepparture: Tympenicated Hepparture: Tympenicated Hepparture: Tympenicated Hepparture: Tympenicated Hepparture: Tympenicated
New Colostomy Output (Num. of stoois):  Old Colostomy Output (Num. of stoois):  Effectal This (ml):  Chest Tibe #1 (ml):  Chest Tibe #2 (ml):  Drain 1:  Drain 1:  Drain 2:  Drain 1:  Drain 3:  Drain 3:  Drain 1:  Ant. Of Or Asp. Of Misc. Body Source of Output Or Asp. Of Misc. Body Source of Output Or Asp. Of Misc. Body 200021  Barlly Member At Bedside: Y Recks  Family Member At Bedside: Y Recks  Call Light/Telephone In Reach: Y	New Colostomy Output:    New Colostomy Output:   New Colostomy Output:   New Colostomy New Colostomy (mi):   Est. Bld Loss (mi):   News B.G Loss (mi):   #1 (mi):   #2 (mi):   #2 (mi):   #3 (mi):   #4 (mi):   Asp. Of Fluid (mi):   Asp. Of Misc. Body Fluid:   Asp. Of Misc. Body Fluid:   New Colostomy New New Colostomy New Co	9	Appt. With:  Appt. With:  Pt/Fam Make Appt In:  Pt/Pam Make Appt In:  Pt/Pam Make Appt I

Page: 37 of 39 Printed 10/01/19 at 1353 From 02>55% cap<2sec Walks Frequently No Limitation Rarely Moist No Impairment Сталое Excellent Exceller: FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, odor, etc): No Apparent Problem Occasionally Moist Slightly Limited Slightly Limited ----- CLO SAREY 81 NART SEES (LESS TARK 18 YEARS OLD, -----Walks Occasionally Directions Discharge Material Given: 2 PRESCRIFTION PAPERS WITH 3 MEDICATIONS ON Agectate Adequate DISCHARGE MATERIALS AND INFORMATION GIVEN TO PT OR FAMILY cap=2sec Ste (continued) Probably Iradequate No Apparent Problem ģ, Potential Problem Occasionally Moist 02<95% cap>2sec Walks Frequently Very Limited Discharge Summary 2 Ped (continued) Very Limited Compronised Chairfast Very Moist - No Impairment No Limitation Recorded Discharge Material Given: DISCHARGE SUMMARY Time: 1628 Excellent Problem/Goal/Intervention Description Extremely Compromised δ, Completely Limited Completely Immobile Constantly Moist Discharge Material Given: THEM Total Braden Scale Score: 22 Occurred Very Poor Discharge Material Given:
Discharge Material Given:
Discharge Material Given:
Discharge Material Given:
Discharge Material Given:
Discharge Material Given: Bccfast Problem Activity Date: 11/05/15 Sensory Perception: 4 SKIN DIAC Weisture: Activity: Mobility: Nutrition: Friction/Shear: Willis-Knighton South Nursing \*\*LIVE\*\*
HIMS PRINI ALL NURSING INFORMATION Activity SENS PERCEP PERE/OXYGEN FRICT/SHEAR NUTRICION ACTIVITY YCBTTEOM YOIST RE ype 100552 From Pressure Ulcer/Skin Impairment at Discharge: N If YES, list all location(s) and use the Skin Description lookup and/or Free Text for EACH. If >10 locations, document remaining in a Patient Note. voriży that I have performed a complete skin assessment and documented all findings below. Change Valuables Returned From Business Office: Nevertaken to Bus. office Documented Di rections Is Fall Risk Score 12 or higher (Ped) 3 or higher (Acult): Y Comment SPECIAL INSTRUCTIONS ---DISCHARGE SKIN ASSESSMENT---523 Attending: Tran, Sharon N M.D. Account #: X31687676 Location: 5ES ---TAKE HOVE YEDICATIONS CONTINUED-----(continued) Verbalizes Understanding Of Discharge Instructions: Y Return Demonstration Of Discharge Instructions: N á, SKIN DESCRIPTION K.E5518-1 1:30 Discharge Summary 2 Ped (continued) Recorded Time: 1628 Records Sent With Patient: N Records: NONE Date Discharged To: Parent/Guardian Room/Bed: Problem/Goal/Intervention Description Discharged Per: Parent Arms Autonobile ď Skin Temp/Character: Warm & Dry Accompanied By: PARENT Occurred X000629604 11/02/15 at 2235 Activity Date: 11/05/15 Mode Of Transportation: Date NOT YOU NE SIG NAME/DOSE Activity Age/Sex: Unit #: Admitted: Status: 3,256 3 00552

9	Page: 35 OI 33	Printed 10/01/19 at 1353	
	HEXDERSON (	Wills-Krighton South Nursing **ILVE**	
	Attending: Tran, Sharon M M.D.	Account #: Alle / 6 / 6  S Location: SES	Modelly best and the second of
	Age/Sex: 4Y 04M F	Unit #: XC00629604 Admitted: 11/02/15 at 2235	Status: Dis in

Status: DIS IN Rocm/Bed: K. 255.6-1	
	Problem/Goal/Intervention Description Stra Directions
Sts Directions From Activity Occurred Recorded Documented Time by Comment Units Change	Activity Occurred Recorded Documented Charge Type Date Time by Comment Units Charge
(Jelin, July) E Light (July)	Activity Date: 11/05/15
4 1 2	A Q4H s taken by a NAI are reviewed
Snoking can be hazardous to your health and those around you. ANYONE that smokes should stop for their health! Assistance to stop snoking is available by calling VR (Out. (212.4453), the American lung Association (860-11NG-15A) or the American Cancer Society (600-CUTI-NOW).	Document 11/05/15 1636 SEJ 11/05/15 1636 SEJ 21.4  Blocd Pressure:  BP 7/pe: Type: Type Of Temperature:
**REVINCER TO PATIENT AND/OR FAMILY: Discard any previous medication lists and update your new medication list with any medication providers and/or pharmacies you uso.	122 28 98
Heplock removed: Yes	11/05/15
Foley Catherer removed: Not Applicable Is there an NO order to leave in place: Was catherer inserted on this admit:	ncation
PICC line removed: Not Applicable Is there an MD order to leave in place: N Is Home Health set up to care for PICC line at home:  Was PICC flushed and dressing changed according to policy:  Were PICC line Home Care Instructions given to patient:	Pediatric Admit Asses 11/05/15 1801 ris Discharge Surnary 2 1 11/05/15 1801 his
if any other devices were left in place, describe: WA	
*** PHYSICAL MEDICINE DISCEMBRE NOIE ( when applied.) ***	
: NA : : *** RESPIRATORY THERAPY DISCHARGE NOTE (When applic.) ***	- EG Status 11/05/15 1801 his 11/05/15 1801 his 2 990001-3 RT - Initial Assessment 5 PS - EG Status 11/05/15 1801 his 11
:  *** OTHER DISCIPLINE DISCHARGE NOTE (When applic.) ***  Department: NA	A :1/07/15 A AS NEEDED
	Latus 11/05/15 1801 his 11/05/15 1801 his Reassessment/Evaluation - Pediatrics D Direction ->07,19 Document when done
If pt. delivered baby while in nospital, effer blood types: PATIENT BLOOD TYFE : Baby 1 Type and RH:	11/05/15 1801 his D 11/05/15 1801 his C1/05/15 1801 his Chirg D AS NEEDED
Patient Or :emi_y Signature:	E .
Date of Birth: 16/01/13 (Automatically defaults; do not change) - Edit Results 11/05/15 1628 T.B 11/05/15 1643 TIB - PEDIAPROPHEN (IBUPROPHEN) 120 MG GLVE 6 ML BY MOCHH EVERY 6 HOURS AS [] - NEEDED FOR TEMPERATURE MORE THAN OR EQUAL TO 101 DEGREES [] - TYLENOL 175 MG GIVE 5.5 ML BY MOUTH EVERY 4 HOURS AS NEEDED FOR [] - TRADEAULTIRE MORE THAN OR EQUAL TO 100.4 DEGREES []	- EG Status 11/05/15 1801 his 11/05/15 1801 his CP 250510-A Bath, Total Bed - Toddler CP CP CP 250510-A Bath, Total Bed - Toddler CP CP CP 250512 11/05/15 1801 his 11/05/15 1801 his DAILY CP CP CP Ed Status 11/05/15 1801 his DAILY CP CP CP CP CP CP CP CP CP CP CP CP CP

Case 5:19-cv-00163-EEF-MLH Dod	ument <sup>à</sup> 49-4 <u></u> 1230	Filed 15/10 7/20 Page 190 of 333 PageID #:
The state of the s	Problem/Goal/Intervention Description Activity Occurred Recorded Type Date Time by Date Ti	11/05/15 1801 His 11/05/15 180
HENDERSON, AMILYAH Willis-Knighton South Nursh HENS PRINT ALL NURSING I	Pron. Change	
Age/Sex: 4Y 04% F       Attending: Tran, Sharon N.D.         Dail #: X020629504       Account #: X31687676         Admitted: 11/02/15 at 2235       Location: 5ES         Status: DIS IN       Room/Ded: X.E3518-1	Problem/Goel/Intervention Description Srs Directions Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units Activity Date: 11/05/15 Time: 1801	### 400010   Vital Signs

Page 1616 of 1758 ROBERSF . DP ION RECORD MEDICATION ADMIN 11/04/15-2030 PERIOD: 11/05/15 to 11/06/15-0700 EVENIEN NICHT DAY 2301-0700 1501-4300 0701-1500 MEDICATION \*\*\*\*\*\*\*\* BOLITINE MEDS \*\*\*\*\*\*\* ALBUTEROL SOLUTION 0.083% 3 ML UD (None) K005362123 (PROVENTIL U)D) 1245 ORD DR: Tran, Sharon N M.D. 11/04/15 DOSE: (UNIT DOSE(S)) INH .Q4H SCH DOSE INSTR: AS DIRECTED COMMENTS: (USE VIA INHALATION NEBULIZATION ONLY!) ATROVENT 0.02% - 0.2 MG/ML UD INH.SOLN (None) K005362124 (ATROVENT 0.02%) 1245 ORD DR: Tran, Sharon N M.D. 11/04/15 DOSE: (INHAL SOLN(S)) INH .Q8H X 24 HRS SCH DOSE INSTR: 2.5 ML UNIT DOSE COMMENTS: (USE VIA INHALATION NEBULIZATION ONLY!) PREDNISOLONE 15 MG/5 ML 5MLUDC (None) 1100 AT K005362125 2300 (ORAPRED U/D) 0000 ORD DR: Tran, Sharon N M.D. 11/04/15 DOSE: (5ML UNIT DOSE CUP(S)) PO BID SCH DOSE INSTR: 12 MG (4 ML) COMMENTS (REFRIGERATE!) 0600 AZITHROMYCIN 100 MG/5 ML 15MLBOT (None) X005362126 (ZITHROMAX) 0900 ORD DR: Tran, Sharon N M.D. 11/04/15 DOSE: (15ML BOT(S)) PO DAILY SCH DOSE INSTR: 60 MG (3 ML) COMMENTS : (SHAKE WELLI) (STORE AT ROOM TEMPERATURE!)

AGENED: BD Rt Deltoid ADC Rt	Opper Dute:		Dr Rt Lateral Thigh			t Abd RVG Rt Ver t Abd LVG Lt Ver	
ED it Deltoid LOG Lt.	INIT.	SIGNATUR		SIGNATURE	INIT.	SIGNATURE	IXIT
Umber Dayrura	A	Shine	100)				
MEDICATION DECENTARY MILLIS-ENIGHT 2510 BERT KOUNS II SHEREVEPORT, LOUIS	row south Mountrial L	OOP	Acct#: X3168767 Name: Tran, Shar Age: 2Y 01M Se Marital Status: S	x; F Wgt: 27 lb 8.5		Room/Bed: K.: Adm Date: 11 Location: 5E kg Service: PE D.O.B.: 10	/03/15 8 D
			Allergies: see	ALLERGY SOURCE DOC	MENT		PAGE 1



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	1232		1 age 1011 01 1700
		RECORD 11/06/15-0700	ŘOBERSP.DF 21/04/15-2030
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MEDICATION ADMINISTR WILLIE-KHIG 2510 BERT KOUNS SHREVEPORT, LOU	etom sout Industria Isiana 7	e food	Acct#: X3 Name : Phys: Tr Age: 2Y 0 Marital S	nz, sh lit	Aron H M.D. Sex: F Wgt: 27 lb 8.92		Adm Date Location 2.5 kg Service	·	
			Allergies	: #	se allergy source docum	ent		PAGE	

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	•	MEDICAT IN PERIOD:		IOM RECORD L to 11/06/15-07	100.			OBERSF.D 1/04/15-	2030
ıx #	MEDICATION			START	STOP				
		**	***** PRM MEI	ys					
DOSE COSE INSTR	(TYLENOL) R: Tran, Sharon N M.D.	100.4		1730 11/03/15					no produktivnosti kandi kand
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DOSE INST		101		1730 11/03/15					
DOSE INST	OR: Tran, Sharon N M.D. SE: (SML UNIT DOSE CUP(S)) PO FR: 120MG (6ML) FS: AS NEEDED FOR TEMPERATURE >=	101	PAIN SCALE ASSESSMENT	11/03/15	ONSE / OUTCO	MR	PAIN SCALE REASSESSMEN		INIT
DOSE INST	OR: Tran, Sharon N M.D.  SB: (5ML UNIT DOSE CUP(S)) PO  FR: 120MG (5ML)  FS: AS NEEDED FOR TEMPERATURE >=  (SHAKE WELL!) (SAME AS ADVIL/N  INDICATION/	101 WOTRIN) DOSE ROUTE	1	11/03/15	ONSE / OUTCO	MR	} ~~		INIT
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DOSE INST. COMMENT TIME	DR: Tran, Sharon N M.D.  SE: (SML UNIT DOSE CUP(S)) PO  TR: 120MG (SML)  TS: AS NEREED FOR TEMPERATURE >=  (SHAKE WELL!) (SAME AS ADVIL/N  INDICATION/ COMPLAINT & SITE  Delicid RDG Rt Upper Outer Or  Delicid LDG in Upper Outer Or	DOSE ROUTE INIT	Rt Lateral Th	RESPONDED TO THE DESIGN NAME OF THE PARTY OF THE PARTY NAME OF THE	OYHAL Thigh OYHAL Thigh	22 23	REASSESSMEN  REASSESSMEN  REASSESSMEN  REASSESSMEN	tt Ventro	Glutea
DOSE INST. COMMENT TIME	DR: Tran, Sharon N M.D.  SE: (SML UNIT DOSE CUP(S)) PO  TR: 120MG (SML)  TS: AS NEREED FOR TEMPERATURE >=  (SHAKE WELL!) (SAME AS ADVIL/N  INDICATION/ COMPLAINT & SITE  Delicid RDG Rt Upper Outer Or  Delicid LDG in Upper Outer Or	DOSE ROUTE INIT	Rt Lateral Th	RESPONDED TO THE DESIGN NAME OF THE PARTY OF THE PARTY NAME OF THE	OYHAL Thigh OYHAL Thigh	22 24	REASSESSMEN  REASSESSMEN  REASSESSMEN  REASSESSMEN	tt Ventro	Glutes Glutes

Marital Status: SIN BSA: 0.53 m2

Allergies: .. see ALLERGY SOURCE DOCUMENT ..

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PAGE 4

`		MEDICAT	TION ADMIN	ION RECORD 1 to 11/06/15-0700	20 RO	BERSP.DI /04/15-:	1030
er s	NEDICATION			SEART STOP			
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. [		DOSE			PAIN SCALE		
TIME	INDICATION/ COMPLAINT & SITE	ROUTE INIT	Pain Scale Assessment	RESPONSE / OUTCOME	REASSESSMENT	TIME	INIT
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LEGINES  And Rt Deltoid King at Lin Lt Deltoid Log Li	Opper Or		KAT DE Late				MAN CONTRACT	e Rh Abd - EVG Rh Ventrodi: Lin Abd - EVG Lin Ventrodi:	teal steal
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21,000				T	t				
				┿	+		${\dagger}$		
MEDICATION ADMINISTRIC MILLIE-REIG 2510 BERT KOUNS : SHREVEPORT, LOU	CTOM SOUTH	L LOOP	Phys:	Craz, Craz, Olx	RS S	ON, AALIYAR L Sharon N M.D. Sex: 7 Wgt: 27 lb 8.92 o		Room/Bed: E, E5518- Adm Date: 11/03/15 Location: 5E5 2.5 kg Service: PED D.O.B.: 10/01/13	

Allergies: .. see ALLERGY SOURCE DOCUMENT ..

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			,		1 age :020 C1		
<b>*</b>		MEDICY.	11/05/15	OM RECORD to 11/06/15-0700		MERSP.D ./04/15-	
ez e	MEDICATION			START STOP			
TIME	INDICATION/	pose Route Init	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT
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LEGENO: NO Rt Deltoid NVC R NO Lt Deltoid 100 L	n Upper Cute		Lateral Thigh		0.001.000.00000000000000000000000000000	Abd RVG Rt Vent Abd LVQ Lt Vent	
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.
			ï				
MEDICATION AUMINISTS	LATION RECORD	(2946) Acc Nam	t#: K31687676	Med Rec#: K0006	29604	Room/Bed: K.ES Adm Date: 11/0	

2510 BERT KOURS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118



Marital Status: SIN BSA: 0.53 m2

Allergies: .. see ALLERGY SOURCE DOCUMENT ...

Location: 5ES Service: PED D.O.B.: 10/01/13

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### Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 196 of 333 PageID #:

RUN DATE: 11/04/15 RUN TIME: 2146 Willis Knighton South \*\*ADMISSIONS\*\*

INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

RUN USER: ROBERSP.DP

Unit#: K000629604

Name: Carrier L Rm/Bd: K.E5518 Serv/Locn: PED

Serv/Locn: PED Statu Account#: K31687676 EPI#:

DOB: 10/01/13 Age: 2Y 01M

Status: IN Sex: F EPI#: 00000001116206

Interdisciplinary Assessment (Free Text), historical data:	Last Update/ Acknowledgement:
Allergy1-Med/Contact: NKDA	11/03/15 - 1358
Allergy2-Med/Contact: NKDA	11/03/15 - 1358
Food Allergies-Intol: NONE	11/03/15 - 1358
Latex Allergy (Y/N):	11/03/15 - 1358

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

11/04/15

PAGE 1

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record

#### Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 197 of 333 PageID #:

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RUN DATE: 11,56/15 RUN TIME: 1254 Ilis Knighton Oth \*ADMISSIONS
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

RUN USER: PETERS.AM

Name: L Rm/Bd: K.E5518 Serv/

Serv/Locn: PED

DOB: 10/01/13 Status: IN Age: 2Y 01M Sex: F

Unit#: K000629604

Account#: K31687676

EPI#: 00000001116206

Last Update/ Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES

11/03/15

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record

### Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 198 of 333 Page D #:

3/15 RUN DATE: 11 RUN TIME: 1254

Ilis Knighton South \*ADMISSIONS INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT PAGE 1

RUN USER: PETERS.AM

Name:

IL

DOB: 10/01/13

Age: 2Y 01M

Rm/Bd: K.E5518 Unit#: K000629604

Serv/Locn: PED Account#: K31687676 Status: IN

Sex: F

EPI#: 00000001116206

Last Update/ Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

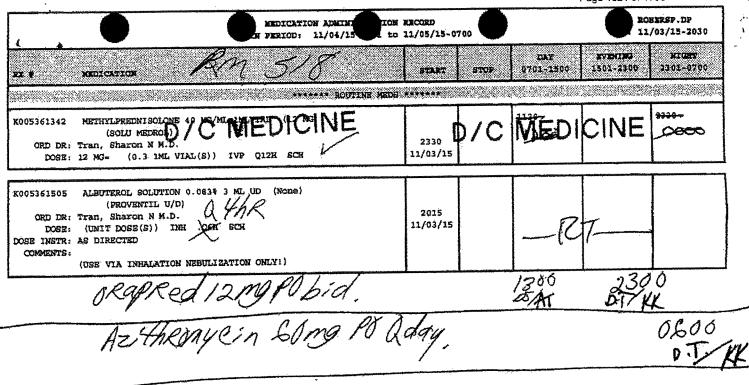
NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES

11/03/15

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record

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. ******* IV'S	*******				
CEPTRIAKONE 1 GM VIAL (0.6 GM)  (ROCEPHIN)  IN: D5W 50 ML BAG (50 ML)  (D5W)  ORD DR: Faul, Edward M.D. DUA: C NEDICHEE  RATE: 100 MLS/HR  COMMENTS: ** PLEASE REFRIGERATE UNTIL READY TO USE **	0100D 11/04/15	/C	NEDIC	INE-	2000

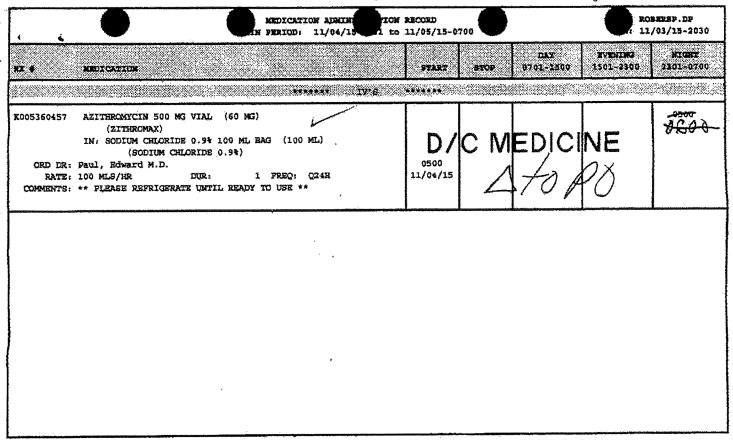
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EDGEND: 2D Rt Deltoid RUC Rt ED Lt Deltoid EDG Lt	Opper Outer Upper Outer		or An Lateral Th Mr In Lateral Th			RELADO RVG RELEADO LVG LE	VentroGlute VentroGlute	
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Anuly Dube AN	11 4	15:m/s	Mr. RNG	TKay Kelley	RN	aniel Tho	mes	
MEDICATION  WILLIS-KMIGHT 2510 BERT KOUNS IN SHREVEPORT, LOUIS	DUSTRIAL LO		Accts: K316876 Name: MEMDERS Phys: Tran. S Age: 2Y 01M Marical Status	haron W M.D. Sex: F Wgt: 25 lb	12.71 o* = '	Adm Date Location 11.7 kg Service	1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 to	
				See ALLERGY SOURCE D	OCUMENT		PAGE 1	

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						ļ.,		-
NUDICATION ADMINIST			Acct#: KJ1			<u> </u>	Room/Bed: K.25515- Adm Date: 11/03/15	
WILLIS-KHI 2510 BERT KOURS SHEEVEPORT, LO	L KOOP	•	n, Sha K S	,AALIYAN L com: N X.D. ex: P   Ngt: 25 lb 12.71   exn   BSA: 0.51 m2	)* × 1	Location: 538		

Allergies: .. see ALLERGY SOURCE DOCUMENT ..

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PAGE 2

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PAGE 3

	•			TION ADMIN	TOW RECORD 1 to 11/05/15-0	700			BERSP.DP /03/15-20	30
er i	NEDICATION				START	STOP				
				****** PRM NI	DB ******					
DOSE DOSE INSTR	ACETAMINOPHEN 3  (TYLENOL)  Tran, Sharon N M  (UD CUP(S)) PO  175MG (5.5ML)  AS NEEDED FOR TE  (DO NOT EXCEED 4	.d. .Q4H PF MPERATURE	N L		1730 11/03/15					
TIME	INDICATIO		DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	resm	ONSE / OUTCOME	1	PAIN SCALE REASSESSMENT	TIME	INIT
DOSE INSTE	IBUPROFEN PED. (PEDIA PROF. Tran, Sharon N ) (Fig. (SML UNIT DOSE (Fig. 120MG (GML)) (Fig. AS NEEDED FOR TITE (SHAKE WELL!) (SI	TEN)  I.D.  CUP(S))  EMPERATURE	PO .QSH PRN	(None)	1730 11/03/15		<u> </u>			
TIME	INDICATIO		DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESP	ONSE / OUTCOME		PAIN SCALE REASSESSMENT	TIME	INIT
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	TATION ADMINISTRATI WILLIE-THIGHT 510 BERT KOUNS IN SHREVEPORT, LOUIS	ON SOUTH OUSTRIAL L	000	Acct#: K31687 Name: HENDEP Phys: Tram, Age: 2Y 61M Marital Statu	Sharon N M.D. Sex: F Wgt:	#: K000629604 25 lb 12.71 ox 0.51 m2	≠ 11.7 k	Room/Bed: Adm Date: Location: Service: D.O.B.:	11/03/19 5%S	5

Allergies: .. see ALLERGY SOURCE DOCUMENT ..

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·ì		MEDICA N PERIOD	TION ADMIN 1 11/04/15	TOW RECORD 1 to 11/05/15-0700	Q s	OBERSP.D 1/03/15-	P 2030
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MEDICATION ADMINISTRATE WILLIS-ENIGETY 2510 BERT HOURS IN SHREVEPORT, LOUIS	ow sout Dustria	e L Loop	Phys:	CTAR, OIX	SOM, AALIYAN L Sharon W W.D. Sex: F Hgt: 25 lb 12.71 o		Adm Date: Location: 11.7 kg Service:		ļ
					See ALLERGY SOURCE DOCUMENT	٠,,		PAGE	4

# Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 203 of 333 PageID #: 1243 Page 1628 of 1758

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				TOW RECORD to 11/05/15-0700		BERSP.DP /03/15-2030
ez #	MEDICATION			START STOP		
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				-				$\overline{}$
MEDICATION ADMINIST WILLIS-ENI 2510 BERT KOUNS SEREVEPORT, LO	CHTOM SOUTH INDUSTRIAL	E L'ECOP	Acct#: X31 Name: Phys: Tra Age: 2Y 01 Marital St	s, Sharo	: F Wgt: 25 lb 12.		Room/Bed: E. #55 Adm Date: 11/03 Location: 5#8 kg Service: PMD D.O.B.: 10/01	/15

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RUN DATE: 11/03/15

RUN USER: ROBERSP.DP

Willis Knighton South \*\*ADMISSIONS\*\*
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

RAGE 11

Name: Rm/Bd: K.E5518

Unit#: K000629604

RUN TIME: 2342

L Serv/Locn: PED Account#: K31687676 DOB: 10/01/13 Age: 2Y 01M

Status: IN Sex: F EPI#: 000000001116206

Interdisciplinary Assessment (Free Text), historical data:	Last Update/ Acknowledgement:
Allergyl-Med/Contact: NKDA	11/03/15 - 1358
Allergy2-Med/Contact: NKDA	11/03/15 - 1358
Food Allergies-Intol:	11/03/15 - 1358
Latex Allergy (Y/N):	11/03/15 - 1358

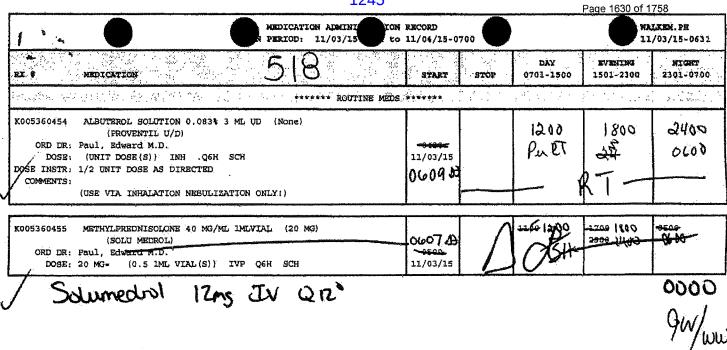
Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

11/03/15

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record

### Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 205 of 333 PageID #: 1245



K005360456 CEFTRIAXONE I GM VIAL (0.6 GM)  (ROCEPHIN)  IN: D5W 50 ML HAG (50 ML)  (D5W)  ORD DR: Paul, Edward M.D.  RATE: 100 MLS/HR DUR: FREQ: Q24H  COMMENTS: ** PLEASE REFRIGERATE UNTIL READY TO USE **	0100 11/04/15	0200
JD51/2 NS C 45ml/hr		1830

LEGEND: RUC Rt Upper Outer Quadrant RLT Rt Lateral Thigh RVG Rt VentroGluteal ROT Rt Dorsal Thigh RA RE Abd no Rt Deltoid LVG Lt VentroGluteal LOT Lt Dorsal Thigh Lt Abd Lt Deltoid 1.00 INIT. SIGNATURE INIT BIGNATURE THIT SIGNATURE INIT: STONATURE Room/Bed: T. TOTAL Med Rec#: X000629604 MEDICATION ADMINISTRATION RECORD X31687676 Adm Date: 11/03/15 Name: HENDERSON WILLIS-KNIGHTON SOUTH Location: HOLDS-KR Phys: Tran, Sharon N M.D. 2510 BERT KOUNS INDUSTRIAL LOOP Service: PED SHREVEPORT, LOUISIANA 71118 Age: 2Y 01M Sex: F Wgt: D.O.B.: 10/01/13 Marital Status: SIN BSA: PAGE I Allergies: .. see ALLERGY SOURCE DOCUMENT ..

Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 206 of 333 Page D #:

1 4	MODICATION ADMINI	ION RECORD to 11/04/15-0700		ALKEM.PH 1/03/15-0631
 z #	MEDICATION	START STOP	DAY EVENING 0701-2300	NIGHT 2301-0700
	TV:S	者士也在有有自		
RAT	AZITHROMYCIN 500 MG VIAL (60 MG) (ZITHROMAX) IN: SODIUM CHLORIDE 0.9% 100 ML BAG (100 ML) (SODIUM CHLORIDE 0.9%) OR: Paul, Edward M.D. TE: 100 MLS/HR DUR: 1 FREQ: Q24H MS: ** PLEASE REFRIGERATE UNTIL READY TO USE **	0500 11/04/15		6600

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						)essiawatsaka	13h			I
MEDICATION ADMINISTRATION RECORD (2945) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP			Acct#: K3 Name: HE Phys: Tr	MOERS	76 Ом <b>д</b>	Med Rec#: X000629		Room/Bed: Adm Date: Location:	11/03/15	
SHREVEPORT, LOU			Age: 2Y 0	1M	Se:	x: F Wgt: =		Service: D.O.B.:	PMD 10/01/13	
						ALLERGY SOURCE DOCUM	DT	2.3,5,	PAGE	

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Tyle	INDICATION/	DOSE	PAIN SCALE			TIME	IN
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MEDICATION ADMIN	DECO:	RD (2946)	Acct#: K3	587676	Med Rec#: K00062	9604	Room/Bed;	
WILLIE-KNIGE	TON SOUTH		Name: HR	DERSON	L.		Adm Date:	
2510 BERT KOUNS I	INDUSTRIAL	LOOP	Phys: Tr	m, She	ron N. M.D.		Location:	
SHREVEPORT, LOUI	CEIANA 71	118	Age: 27 0	M S	ex: F Wgt: -		Service:	
			Marital St	atus:	SIN BSA:		D.O.B. t	10/01/13
			Allergies	., #0	ALLERGY SOURCE DOCU	MOENT		PAGE 3

Case 5:19-cv-00163-EEF-MLH	Document 49-4	Filed 05/07/20	Page 208 of 333 PageID #
	1010		Page 1033 of 1738

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₹ ~			TION ADMINI : 11/03/15	IOM RECORD to 11/04/15-0700		LICEM. PR - 03/15-	
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			<u> </u>					
MEDICATION ADMINISTRA WILLIS-ENIGH 2510 BERT KOUNS 1	ITON SOUT	H		derso	·	04	Room/Bed: K.EX01- Adm Date: 11/03/1 Location: HOLDE-N	5
SHREVEPORT, LOUI			Age: 2Y 0: Marital S		Sex: F Wgt: = SIN BSA:		Service: <b>FED</b> D.O.B.: 10/01/1	.3
			Allergies		ee ALLERGY SOURCE DOCUME	Nr	PAG	<b>8</b> 4

Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 209 of 333 PageID #:

RUN DATE: 11, 2/15

Unit#: K000629604

Allis Knighton South \*ADMISSIONS
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

RUN TIME: 2238

RUN USER: DAVISK3.AM

Rame: Serv/I

Serv/Locn: ERS

Account#: K31687676

DOB: 10/01/13

Age: 2Y 01M

Status: ER Sex: F

EPI#: 00000001116206

Last Update/ Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

MEDA

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

NKOR

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record

### Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 210 of 333 Page D #:

RUN DATE: 11/03/15 RUN TIME: 2146

Willis Knighton South \*\*ADMISSIONS\*\* INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

DOB: 10/01/13

RUN USER: ROBERSP.DP

TYAH L Name: Rm/Bd: K.E5518

Status: IN Serv/Locn: PED.

Sex: F EPI#: 00000001116206 Account#: K31687676 Unit#: K000629604

Interdisciplinary Assessment (Free Text), historical data:	Last Update/ Acknowledgement:
Allergy1-Med/Contact: NKDA	11/03/15 - 1358
Allergy2-Med/Contact: NKDA	11/03/15 - 1358
Food Allergies-Intol: NONE	11/03/15 - 1358
Latex Allergy (Y/N):	11/03/15 - 1358

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

11/03/15

Age: 2Y 01M

PAGE 1

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record

RUN DATE: 11/05/15

Willis-Knighton South Nursing \*\*LIVE\*\*

RUN TIME: 1644

PATIENT ASSESSMENT

PAGE 1

RUN USER: BROOKT.NS

INTERDISC DISCHARGE - WKB/P/S

Patient: HENDERSON, AALIYAH L

Account #: K31687676

Admit Date: 11/03/15

Status: ADM IN

Attending: Tran, Sharon N.M.D.

Age/Sex: 2Y 01M F Unit #: K000629604

Location: 5BS

Room/Bed: K.E5518-1

Pt's Chief Complaint: TROUBLE BREATHING \*Functional Level Prior To Admit: Dependent

Expected Therapy/Outcome: RELIEF OF SYMPTOMS

Brief Summary Of Hospital Stay: IV FLUIDS, ANTIBIOTICS, RESPIRATORY TREATMENTS

Discharge Diag./Complications: NONE

--- DISCHARGE VITAL SIGNS---

Blood Pressure:

Heart Rate: 130 Resp. Rate: 30

Temp: 97.7 Type Of Temperature: Tympanic

Heparin Lock Removed: YES

Telemetry Removed: NOT APPLICABLE

--- DISCHARGE FOLLOW UP---

Appt. With:

Appt. With:

Appt. With:

Appt. With:

Pt/Fam Make Appt In: Pt/Fam Make Appt In: Pt/Fam Make Appt In: Pt/Fam Make Appt In:

Appt. With: HER PRIMARY CARE PHYSICIAN-CALL FOR APPT. Pt/Fam Nake Appt In: NEXT WEEK Referral To: \*PT:N \*OT:N \*CR:N Hospice: N\*SS: N \*HH:N \*Diet Cnst:N \*RT:N \*ST:N

--- DISCHARGE ACTIVITY---

Functional Level On Discharge: Dependent

Resume Normal Activity: Y Restricted Activity For: NA

Restricted Activity: Not Applicable

DOC: NA

Hygiene Restrictions: Not Applicable

Diet Restrictions: REGULAR DIET FOR AGE

--- TAKE HOME MEDICATIONS ----

SPECIAL INSTRUCTIONS TIMES NAME/DOSE

GIVE 5 ML BY MOUTH 2 TIMES A DAY FOR 3 DAYS-NEXT DOSE 9 PM ORAPRED 15/5

AZITHROMYCIN 100/5 GIVE 3 ML BY MOUTH EVERY DAY FOR 2 DAYS-NEXT DOSE

TOMORROW MORNING

ALBUTEROL 2.5 MG/3 ML GIVE 3 ML VIA NEBULIZER EVERY 4-6 HOURS AS NEEDED

FOR WHEEZING

PEDIAPROPHEN (IBUPROPHEN) 120 MG GIVE 6 ML BY MOUTH EVERY 6 HOURS AS

NEEDED FOR TEMPERATURE MORE THAN OR EQUAL TO 101 DEGREES

TYLENOL 175 MG GIVE 5.5 ML BY MOUTH EVERY 4 HOURS AS NEEDED FOR

TEMPERATURE MORE THAN OR EQUAL TO 100.4 DEGREES

-- TAKE HOME MEDICATIONS CONTINUED-----

NAME/DOSE

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TIMES

SPECIAL INSTRUCTIONS

Willis-Knighton South Nursing \*\*LIVE\*\*

PATIENT ASSESSMENT

RUN USER: BROOKT.NS

RUN DATE: 11/05/15

RUN TIME: 1644

INTERDISC DISCHARGE - WKB/P/S

Patient: HENDERSON AALIYAH L Account #: K31887676

Account #: A31667676 Admit Date: 11/03/15

Status: ADM IN Attending: Tran, Sharon N M.D. Age/Sex: 2Y 01M F Unit #: K000629604

PAGE 2

Location: 5ES Room/Bed: K.E5518-1

Is Fall Risk Score 12 or higher (Adult) 3 or higher (Ped): Y

Verbalizes Understanding Of Discharge Instructions: Y Return Demonstration Of Discharge Instructions: N

Valuables Returned From Business Office: Nevertaken to Bus. office

Records Sent With Patient: N Records: NONE

Discharged Per: Parent Arms
Discharged To: Parent/Guardian
Transportation: Automobile

Mode Of Transportation: Automobile Accompanied By: PARENT

--- DISCHARGE SKIN ASSESSMENT---

I verify that I have performed a complete skin assessment and documented all findings below. Skin Temp/Character: Warm & Dry

Pressure Ulcer/Skin Impairment at Discharge: N If YES, list all location(s) and use the Skin Description lookup and/or Free Text for EACH.

If >10 locations, document remaining in a Patient Note.

LOCATION SKIN DESCRIPTION

FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, odor, etc):

:SKIN INTACT

RUN DATE: 11/05/15 RUN TIME: 1644

Willis-Knighton South Nursing \*\*LIVE\*

PATIENT ASSESSMENT

RUN USER: BROOKT.NS

INTERDISC DISCHARGE - WKB/P/S

Patient: HENDERSON, AALIYAH L

Account #: K31687676 Admit Date: 11/03/15

Status: ADM IN Attending: Tran, Sharon N M.D. Age/Sex: 2Y 01M F Unit #: K000629604

Location: 5ES

Room/Bed: K:E5518-1

SENS PERCEP MOISTURE

ACTIVITY

MOBILITY

NUTRITION

FRICT/SHEAR

Completely Limited Constantly Moist Bedfast Completely Immobile

Very Poor Problem

Very Limited Very Moist Chairfast Very Limited

Probably Inadequate Potential Problem

Slightly Limited Occasionally Moist Walks Occasionally Slightly Limited

Adequate No Apparent Problem

No Impairment Rarely Moist Walks Frequently No Limitation Excellent

PAGE 3

- No Impairment Sensory Perception: 4

- Occasionally Moist Moisture: 3 - Walks Frequently Activity: 4 - No Limitation Mobility: 4

Nutrition: 4 - Excellent

- No Apparent Problem Friction/Shear: 3

Total Braden Scale Score: 22

DISCHARGE MATERIALS AND INFORMATION GIVEN TO PT OR FAMILY

Discharge Material Given: DISCHARGE SUMMARY

Discharge Material Given: 2 PRESCRIPTION PAPERS WITH 3 MEDICATIONS ON

Discharge Material Given: THEM

Discharge Material Given:

Discharge Material Given:

Discharge Material Given:

Discharge Material Given:

Discharge Material Given:

Discharge Material Given:

Cardiopulmonary Home Care Instructions Provided: N Dialysis patient: N

Smoking can be hazardous to your health and those around you. ANYONE that smokes should stop for their health! Assistance to stop smoking is available by calling WK Quit (212-4450), the American Lung Association (800-LUNG-USA) or the American Cancer Society (800-QUIT-NOW).

\*\*REMINDER TO PATIENT AND/OR FAMILY: Discard any previous medication lists and update your new medication list with any medication providers and/or pharmacies you use.

Heplock removed: Yes

Is there an MD order to leave in place:

Foley Catheter removed: Not Applicable

Is there an MD order to leave in place: Was catheter inserted on this admit:

Page 1639 of 1758

RUN DATE: 11/05/15

Willis-Knighton South Nursing \*\*LIVE\*\*

PAGE 4

RUN TIME: 1644

PATIENT ASSESSMENT

RUN USER: BROOKT.NS

INTERDISC DISCHARGE - WKB/P/S

Patlent: Account #: K31687676 Age/Sex: 2Y 01M F Unit #: K000629604

Admit Date: 11/03/15 Status: ADM IN

Location: 5ES

Room/Bed: K.E5518-1

Attending: Tran, Sharon N M.D.

Is there an MD order to leave in place: N PICC line removed: Not Applicable Is Home Health set up to care for PICC Line at home:

Was PICC flushed and dressing changed according to policy: Were PICC Line Home Care Instructions given to patient:

If any other devices were left in place, describe: NA

\*\*\* PHYSICAL MEDICINE DISCHARGE NOTE ( when applic.) \*\*\* : NA

\*\*\* RESPIRATORY THERAPY DISCHARGE NOTE (when applic.) \*\*\* : NA

\*\*\* OTHER DISCIPLINE DISCHARGE NOTE (when applic.) \*\*\* Department: NA

If pt. delivered baby while in hospital, enter Blood types:

PATIENT BLOOD TYPE : Baby 1 Type and RH:

Baby 2 Type and RH:

Patient Or Family Signature

Time Of Discharge: 1636

Nurse Signature: T. BROOKS, RN

Date of Birth: 10/01/13 (Automatically defaults; do not change)

Initials: BROOKT.NS

Occurred Date: 11/05/15

Monogram: TLB

Name: BROOKS, TERRI L

Occurred Time: 1628

Nurse Type: RNC

CRIB WAIVER

I. X Challe Slet the parent of

refuse to have my child in a crib. I understand that the purpose is to assure the safety of my child. I will not hold the hospital responsible for my decision to have my child placed in an adult bed.

I accept responsibility for my child's safety.

Time:

Date:

Parent's Signature:

Witness:

CRIB WAIVER (4016) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 A NOT FOR PROFIT HOSPITAL

SERVING THE ARK-LA-TEX SINCE 1925

Name: Adm Phys: Tran, Sharon N M.D.

Age: 2Y 01M Sex: F Marital Status: SINGLE Allergies:

Acct.#: K31687676

Service: PED Locn: 5ES

Room/Bed: K.E5518-1

Adm.Date: 11/03/15

Fin Class: MA

Page 1 of 1





#### Dear Parent,

Welcome to Willis-Knighton Health System. Your child's safety is a priority at Willis-Knighton. You can help ensure your child's safety by following these important steps:

- 1. A responsible adult should be with a child 12 years or younger at all times.
- 2. Become familiar with hospital personnel. Employees handling your child wear galaxy blue scrubs, lab coat/pediatric theme jacket and a hospital badge with their picture on it. Please take time to notice whether the photo on the badge and the staff member's face are the same. If they are not, notify the nurse's station immediately!
- 3. Pediatric patients must have an identification band on the wrist or foot at all times.
- All Pediatric Nursing staff wear:
   a. galaxy blue scrubs and lab jacket with pediatric theme
   b. a WKHS ID badge with their picture on it.
- 5. Never leave your child alone or unsupervised in your room. Also, keep your door to your room closed at all times.
- 6. Feel free to question anyone who comes into your room. Alert the nurse's station immediately, even if the person is dressed in hospital clothing or seems to have a good reason for being there.
- 7. Never allow your child to leave their room with a staff member unless your nurse introduces that staff member to you. We want you to accompany your child to special procedures that are done off the unit. The nurse will inform you of what procedures that you will not be allowed to be in with your child. Example: You may accompany your child to the outside doors of surgery but will not be allowed in surgery.

Willis-Knighton Health System is dedicated to keeping your child safe and secure. If you have any questions or concerns about our Pediatric Security Policy, please contact your nurse.

SIGNATURE: Kell All
WITNESS: Canandre Polland Pa

DATE/TIME: 11/3/15 C 1345

WAH!

Printed: 11/03/2015

002Y 01M





ASSIGNMENT OF BENEFITS

I. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

- 2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.
- 3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.
- 4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.
- 5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment. WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 11/02/15 Admission Time: 2227

10/01/13 Paul, Edward M.D.

AM3349\_1 Page 1 of 2 K31687676 11/02/15



Committee Approved 12/13/2013

Page 2 of 2







## **ASSIGNMENT OF BENEFITS**

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one—third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

- 6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.
- 7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.
- 8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.
- 9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been i	nformed of my rights and obli	gations as a pa	atient.			
Signature of Fatient/Guardian  Ulen For Alexade  Print Name	Date/Time Guar		Date/Time	De	Javs Javis na Name	Date!
If Patient/Guarantor is unable to sign, I,	, either expressed t			en the authority to s are of this authority,		
Signature of Authorized Party	Authorized Party's Relationship to the Patient	Date/Time	······	Witness	Date/Time	
Admission Date: 11/02/15 Admission Time: 2227 AM3349_2 Revised 10/01/2013	AM0005					

10/01/13

Paul, Edward M.D. K31687676 11/02/15

## WILLIS-KNIGHTON MEDICAL CENTER SHREVEPORT, LA

EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME:

ACCT. NO: K31582992

GUARANTOR: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET

NEXT OF KIN: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET

SHREVEPORT, LA 71107

SHREVEPORT, LA 71107

PHONE:

(318)210-3821

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER: CHILD

ADDRESS:

ARRIVED FROM: C

ATTENDING PHYS: Paul, Edward M.O.

PHONE:

ADMIT/OTHER PHYS:

PRIM CARE PHYS: UNKNOWN

NAME

POLICY #

GROUP #

BENEFIT PLAN

MEDICAID

PRIMARY INS: LA HLTHCARE CONN LA ME

1997286459512

SECONDARY INS: TERTIARY INS:

FOURTH INS:

ACCT NO: K31582992

ROOM:

STATUS: REGER

DATE:

10/05/15

UNIT#: K000629604

TIME:

0221

F/C: MA

SERV/LOC: ERS

SS#:

PATIENT.

ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

PHONE: (318)210-3821

COUNTY: CADDO PARISH

AGE: SEX:

2Y

BIRTHDATE: 10/01/13

RACE BLACK OR AFRICAN A

RELIGION: NO RELIGION

MARITAL STAT: SINGLE

EMPLOYER: JOHNSON'S CARE

ADDRESS: 4038 MARRON PLACE

SHREVEPORT, LA 71109

(318)631-7714

PERSON TO NOTIFY: ALEXANDER, JENNIFER

ADDRESS: 2247 LEGARDY STREET

SHREVEPORT, LA 71107

PHONE: (318)210-3821

RELATION: M

COMMENTS:

REASON FOR VISIT: WHEEZING>1 YEAR

KNOWN DRUG ALLERGIES: NKDA

ADMIT CLERK: SAFFEDZ.A



## Physician Documentation

Name: Aaliyah

Age: 2 yrs Sex: Female DOB: 10/01/2013 Arrival Date: 10/05/2015 Time: 02:21

**Bed** 15

Willis Knighton South

MRN: 1116206 Account#: K31582992

Private MD: LSU/Ochsner, KidMed

elinie

HPI:

 $\frac{10/05}{03:02}$  This 2 years old Black Female presents to ED via Carried with complaints of <u>Wheezing > 1 Year</u>.

03:02 The patient presents to the emergency department with cough, that is intermittent, fever, that was measured et3 at 102 degrees Fahrenheit, with an emergency department temperature of 99.3 degrees Fahrenheit, wheezing. Onset: The symptoms/episode began/occurred yesterday. Associated signs and symptoms:

Pertinent positives: cough, fever, wheezing, Pertinent negatives: congestion, diarrhea, earache, nasal discharge, seizure, shortness of breath, sore throat, vomiting. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by nothing. Treatment prior to arrival: none. The patient has not experienced similar symptoms in the past. The patient has not recently seen a physician.

#### Historical:

· Allergies: No known Allergies;

Home Meds:

1. Albuterol PO daily, as needed for Respiratory Problems

• PMHx: Reactive Airway Disease

• PSHx: None Historical:

02:41 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations cc1 up to date. Social history: The patient lives at home with family The patient speaks appropriately for age, the patient is a minor. Code Status: Full code.

03:02 History obtained from mother. The history from nurses notes was reviewed and confirmed.

et3

et3

#### ROS:

03:02 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned below. Eyes: Negative for injury, pain, swelling, redness, and discharge. ENT: Negative for ear pain, congestion, nasal discharge, sore throat, bleeding, injury, dysphagia Neck: Negative for injury, pain, stiffness, swelling Cardiovascular: Negative for edema Abdomen/GI: Negative for abdominal pain, nausea, vomiting, diarrhea, hematochezia, melena, anorexia, dysphagia. injury, distention, and constipation, Back: Negative for injury, deformity, decreased range of motion, and pain, GU: Negative for injury, bleeding, discharge, and swelling, MS/Extremity: Negative for injury, pain. swelling, decreased range of motion Skin: Negative for injury, rash, swelling, lesions, and discoloration, Neuro: Negative for altered mental status, weakness, and seizure, Psych: negative for acute changes. Constitutional: Positive for coughing, Negative for chills, fever, obvious distress, acute pain, poor PO intake, shortness of breath, vomiting. Respiratory: Positive for cough, "sounds productive", wheezing. Negative for hemoptysis, orthopnea, pleurisy, shortness of breath,

## Exam:

03:10 et3

Head/Face: Normocephalic, atraumatic.

**Eyes:** Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema.

**ENT:** Nares patent. No nasal discharge, no septal abnormalities noted. Tympanic membranes are normal and external auditory canals are clear. Oropharynx with no redness, swelling, or masses, exudates, or evidence of obstruction, uvula midline. Mucous membrane moist and pink

**Neck:** Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

Chest/axilla: Normal symmetrical motion. No tenderness. No crepitus. No axillary masses or tenderness. Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal

PMI, no JVD. No pulse deficits.

**Abdomen/GI:** Soft, non-tender with normal bowel sounds. Non-distended, no masses. No organomegaly. No guarding or rebound. No hernia noted

Back: No spinal tenderness. No costovertebral tenderness. Full range of motion.

**Skin:** Warm and dry with excellent turgor, capillary refill <2 seconds. No cyanosis, pallor, rash or edema. **MS/ Extremity:** Pulses equal, no clubbing, cyanosis or edema. Neurovascular intact. Full range of motion without pain

**Neuro:** Awake and alert, GCS 15, oriented to person, place, time, and situation. Cranial nerves II-XII grossly intact. Motor strength 5/5 in all extremities. Sensory grossly intact. Cerebellar exam normal. Normal gait and speech for age

Psych: Behavior, mood, response, and affect are appropriate for age.

**Constitutional:** The patient appears Blood pressure, pulse, respirations and temperature noted, awake, alert, well developed, well hydrated, well nourished, non-diaphoretic, non-toxic, afebrile.

Respiratory: the patient does not display signs of respiratory distress, Respirations: normal, symetrical, no use of accessory muscles, no grunting, no evidence of nasal flaring, no appreciated paradoxical movements, no prolonged exhalations, no pursed lip breathing, no retractions, no shallow respirations, no splinting, no tachypnea, Breath sounds: rales, are not appreciated, rhonchi, are not appreciated, crackles, are not appreciated, wheezing, that is mild, noted to be difficult to assess because pt was crying during exam, bronchial sounds, are not appreciated, decreased breath sounds, are not appreciated.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staf
02:36		189	14	99.3(R)	97% on R/A	12.25 kg / 27 lbs 0 oz (M)	8/10	cc1
			Spontaneous					
							ļ	
03:52			32				<u> </u>	cph
03:52		1 (1)						cph

Glasgow Coma Score:

Glasgo	W Collia Scole.					100
Time	Eve Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
02:36	spontaneous(4)	oriented(5)	obeys commands(6)		15	cc1

#### MDM:

03:10

et3

Data reviewed: vital signs, nurses notes, and as a result, I will continue to observe the patient, order radiologic study(s), order laboratory test(s).

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, lab results, radiology results, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

03:11 Patient medically screened.

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04:42

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Differential diagnosis: acute asthma, URI.

**Antibiotic administration:** The patient is discharged and will get outpatient antibiotics. I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

Data reviewed: lab test result(s), radiologic studies, plain films, and as a result, I will discharge patient.

Data interpreted: Pulse oximetry: normal.

Order	Status	Time	Ву	For
CBC With Diff	Ordered	10/05/15 02:58	cph	ер
	,			

Name: Aaliyah

Print Time: 10/1/2019 12 58 35

MRN: 1116206 Account#: K31582992

Page 2 of 4

		Reviewed	10/05/15 04:08	Edward	Paul		
Notes:	,	Order Method: V	/erbal - Read back				
*·····		Sign off: Paul, E	dward 10/05/15 04:08				
Interpretation: leu	kocytosis.						
COLLECTED BY N	NURSE? (Y/N) (OELBCBN): No						
<del></del>	n: ERNPC1.1						
Quantity 1: 1					<del>and a state of the state of th</del>		
Order		Status	Time	Ву	For		
Call X-Ray Tech		Ordered	10/05/15 02:58	cph	ер		
		Completed	10/05/15 03:25	Shirley	Taylor		
Notes:		Order Method: V	/erbal - Read back				
		Sign off: Paul, E	dward 10/05/15 04:08				
Order		Status	Time	Ву	For		
Interpretation: leukocytosis. COLLECTED BY NURSE? (Y/N) (OELBCBN): No Ordering Location: ERNPC1.1 Quantity 1: 1 Order all X-Ray Tech  Iotes: Order hest Xray Portable 1 View Iotes: Bed Name: 15 Interpretation: no acute cardiopulmonary disease. SPECIFIC TIME TO BE DONE: (OERDSPECTI): STATE IOTER EXAM ROOM/BED: (OERDERMBD): 15 IOTER EXAM ROOM/BED: (OERDERMBD): 15 IOTER EXAM ROOM/BED: (OERDEXAM): Wheezing > 1 You IOTER IOTER EXAM: (OERDEXAM): Wheezing > 1 You IOTER IO	e 1 View	Ordered	10/05/15 02:58	cph	ер		
		Returned	10/05/15 13:46	Dispatc	her MedHos		
Notes: Bed Name:	15	Order Method: V	/erbal - Read back				
		Sign off: Paul, Edward 10/05/15 04:08					
Interpretation: no	acute cardiopulmonary disease.						
SPECIFIC TIME TO	D BE DONE: (OERDSPECTI): STAT						
ER EXAM ROOM/	BED: (OERDERRMBD): 15						
MODE OF TRANS	PORTATION: (OERDTRANS): STRETCH	HER					
O2: (OEADO2): N	10						
REASON FOR EXA	AM: (OERDEXAM); Wheezing > 1 Year						
Order		Status	Time	Ву	For		
DuoNeb 1 unit dose	Inhalation once	Ordered	10/05/15 03:00	cph	ер		
		Administered	10/05/15 03:10	cph			
Notes:		Order Method: V	/erbal - Read back				
		Sign off: Paul, E	dward 10/05/15 04:08				
10/05/15 03:10	Administered: DuoNeb 1 unit dose Inhala	ation over 5 mins			cph		
10/05/15 03:52	Follow Up: Response: No Adverse Reactithis time	ion; Respiratory statu	is improved; no wheezing	g at	cph		
Order		Status	Time	Ву	For		
Rocephin 650 mg IA	M once	Ordered	10/05/15 04:12	ер	ер		
		Administered	10/05/15 04:58	cph			
Notes:		Order Method: E	Electronic				
10/05/15 04:58	Administered: Rocephin 650 mg IM in do	se split, 1/2 each glut	teus	· · · · · · · · · · · · · · · · · · ·	cph		

Order Signatures:

Print Time: 10/1/2019 12:58:35

Disposition:

Name: Aaliyah

Account#: K31582992

Page 3 of 4

03:10 This chart was scribed by Turner, Elaina, Scribe, in the presence of Edward Paul MD.

et3

04:42 Electronically signed by: Edward Paul MD. Disposition. Chart complete.

ер

### Disposition:

10/05/15 04:42 Discharged to Home/Self Care. Impression: Upper Respiratory Infection (URI), Reactive Airway.

- · Condition is Stable.
- Discharge Instructions: Reactive Airway Disease in Children, Upper Respiratory Infection (URI), Child.
- Prescriptions for

Cefzil 125 mg/5 mL Oral Suspension for Reconstitution

- take 7.2 milliliter by ORAL route every 12 hours for 10 days; 150 milliliter.

Orapred 15mg/5ml Oral Solution

- take 5.3 milliliter by ORAL route once daily for 5 days; 30 milliliter.
- Follow up: Private Physician; When: 2 days; Reason: Recheck today's complaints.
- · Problem is new.
- · Symptoms are unchanged.

#### Signatures:

Taylor, Shirley srt Paul, Edward, MD ep Hanson, Chenoa, RN RN cph Colon, Cindy, RN cc1
Turner, Elaina, Scribe Scribe et3

Name: Aaliyah MRN: 1116206
Account#: K31582992

Print Time 10/1/2019 12:58:35 Page 4 of 4

Nurse's Notes

Name: Aaliyah

Age: 2 yrs Sex: Female DOB: 10-01/2013

Arrival Date: 10 05/2015 Time: 02:21

Willis Knighton South

MRN: 1116206 Account#: K31582992

Private MD: LSU/Ochsner, KidMed

clinic

**Bed 15** Presentation:

10/05 Method of Arrival: Carried.

cc1

02:33 Preferred language for medical communication is English. Presenting complaint: Mother states: She started cc1 coughing yesterday afternoon and wheezing real bad this morning. Person Transporting: Parent. Transition of care: patient was not received from another setting of care. Care prior to arrival: None.

02:36 Acuity: 3 - Urgent.

cc1

### Triage Assessment:

02:39 General: Appears well developed, well nourished, Behavior is crying, fussy, mobility; ambulates without cc1assistance Reports fever for 1-2 days, feeling ill for 2-3 days. Pain: Complains of pain in right ear Pain does not radiate. level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs. Activity, Cry. Consolability scale score is 8 out of 10. Quality of pain is described as patient unable to describe Pain began gradually 2-3 days ago Is continuous Alleviated by nothing. Aggravated by nothing. Noted to be crying, Also complains of decreased appetite, sleeplessness. Current management - is no interventions. Goal of pain control is to be pain free, sleep comfortably.

#### Historical:

Allergies: No known Allergies;

· Home Meds:

- 1. Albuterol PO daily, as needed for Respiratory Problems
- PMHx: Reactive Airway Disease
- PSHx: None Historical:

02:41 Family history: No immediate family members cc1 are acutely ill. Immunization history: Childhood immunizations up to date. Social history: The patient lives at home with family The patient speaks appropriately for age, the patient is a minor. Code Status: Full code.

03:02 History obtained from mother. The history from et3 nurses notes was reviewed and confirmed.

### Screening:

02:39 Abuse screen:

cc1

Denies threats or abuse, there are no obvious signs of child abuse.

#### Patient fall risk assessment;

risks identified; is of toddler age, needs assistance with ambulation and standing, must have another person for one on one help. Intervention for positive screen: parent/caregiver holding child, teaching provided regarding fall risk, with verbalized understanding.

## Learning Barriers:

age barrier identified, caregiver ready and willing to learn.

Pedi Fall Risk None Identified.

Exposure risk/Travel Screening:

None identified.

#### Assessment:

02:56 Pain: level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale cph score is 4 out of 10. Pain began 0200. General: Appears well developed, well nourished, well groomed, Behavior is crying, fussy. Neuro: Level of Consciousness is alert, awake. EENT: Nares with drainage noted bilaterally Oral mucosa is moist. Cardiovascular: Capillary refill < 3 seconds is brisk in bilateral fingers Heart tones S1 S2 present. Respiratory: Respiratory effort is even, labored, Respiratory pattern is symmetrical, tachypnea Breath sounds with wheezes upon exhalation, bilaterally, in right lower lobe, left lower lobe, left posterior upper lobe, right posterior upper lobe. left posterior lower lobe and right posterior lower lobe. Gastrointestinal: Reports diarrhea. vomiting. Dermatologic: Skin is intact, is healthy with good turgor, Skin is moist, Skin is normal, black, Skin temperature is warm. Age appropriate behavior-Toddler (12 months to 4 yrs): autonomy-separate from parent, minimal language skills, fears pain.

Vital Signs:

•	ritai 🤇	ayna.					<del></del>		
- 17			-	-	<b>T</b>	Dulca Ov	Wolaht	Dain	Staff
- 1	Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	raiii	Stair
	111110	m, 1		1.0-F				<del></del>	<del></del>
-	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1		"		1 !	i i

# Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 225 of 333 PageID #: 1265

## Nurse's Notes Con't

02:36	189		99.3(R)	97% on R/A	12.25 kg / 27 lbs 0 oz (M) 8	3/10	cc1
		Spontaneous					
03:52		32					cph
03:52	141						cph

#### Vitals:

02:36 Emergency Severity Index Calculation; meets ESI level 3 acuity, it is anticipated that multiple resources will cc1 be used to determine disposition.

02:36 Acuity: 3 - Urgent. cc1

cph

03:52 Body Mass Index =

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
02:36	spontaneous(4)	oriented(5)	obeys commands(6)		15	cc1

## ED Course:

02:21 Patient arrived in ED.	ms2
02:21 Patient moved to KIOSK.	ms2
02:33 Allen, Scott is Private Physician.	cc1
02:33 LSU, KidMed clinic is Private Physician.	cc1
02:33 Triage completed.	cc1
02:41 Patient placed in waiting room. Family accompanied patient Family updated on plan of care.	cc1
02:42 Patient moved to Waiting.	cc1
02:49 Patient moved to 15.	cc1
02:53 Hanson, Chenoa, RN is Primary Nurse.	cph
02:55 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Call light in reach. Patient has correct armband on for positive identification. Adult with patient. Child being held by parent.	cph
03:11 Paul, Edward, MD is Attending Physician.	ep
03:11 Blood collected; (by phlebotomist).	cph
03:16 Patient moved to Radiology.	tmc
03:16 Patient moved to 15.	tmc
03:16 Chest Xray Portable 1 View Sent.	tmc
03:54 No apparent distress, playing, ER nurse to see patient.	cph
04:52 Critical Med Co-Sign: Rocephin 650 mg IM. dosage verified by Steven Courtney, RN.	sc7
05:28 No procedures done that require assistance.	cph
08:53 pharmacy called to verify RX, Dr Haynes approved to change dose of Orapred from 5.3ml to 5.0ml, and Cefzil 7.2ml to 7.5ml, pharmacy will change.	cjs

## **Administered Medications:**

Time	Drug & Dose Dispuisable & Cuannty	Volume	Route	Rate	Infused Over	Site	Delivery	Staff
03:10	DuoNeb 1 unit dose		Inhalation		5 mins			cph
03:52	Follow up: Response: No Adverse Reaction; Respiratory status improved; no wheezing at this time							cph
04:58	Rocephin 650 mg		IM	,		dose		cph

Name: Aaliyah Account#: K31582992

Print Time: 10/1/2019 12:59:53 Page 2 of 3

# Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 226 of 333 PageID #: 1266

## Nurse's Notes Con't

		sp	lit, 1/2	
		∈	each	
		glu	uteus	
05:28	Follow up: Response: No Adverse Reaction; Tolerated well			cph

#### Outcome:

04:42 Discharge ordered by MD.

ер

05:29 Discharged to home, carried, with family. Discharge instructions given to Mother Instructed on discharge instructions, follow up and referral plans, medication usage, fever management, handwashing Demonstrated understanding of instructions, medications, Prescriptions given; 2. No questions or concerns expressed to me at discharge. No belongings were removed by WK staff. Medication reconcilliation form provided.

Med Effects: Effects of administered medications were addressed. Oxygen use: Oxygen use not applicable.

05:29 Electronic medical record closed.

cph

### Signatures:

orginatar cor					
Paul, Edward, MD	MD	ер	Bryant, Crystal, RN	RN	cjs
Hanson, Chenoa, RN	RN	cph	Cook, Tara, RT	RT	tmc
Scriptuser, MEDHOST		ms2	Courtney, STEVEN, RN	RN	sc7
Colon, Cindy, RN	RN	cc1	Turner, Elaina, Scribe	Scribe	et3

Name: Aaliyah

Print Time: 10/1/2019 12 59:53

MRN: 1116206 Account#: K31582992

Page 3 of 3

## Page 1652 of 1758

RUN DATE: 10/01/19 RUN TIME: 1347 RUN USER: PARRM.HM Laboratory System \*Live\*

WKS Discharge Summary Report

PAGE 1

## LOCATION

PATIENT:	., Edward M.D.	ACCT #: K31582992 AGE/SX: 2Y 00M/F STATUS: DEP ER	LOC: ERS ROOM: BED:	U #: K000629604 REG: 10/05/15 DIS:
		HEMATOLOGY		
Day	1			
Date	OCT 5			
Time	0310		Reference	Units
			(5.0-12.0)	10 <sup>9</sup> /L
	d Cel <u>16.5 H</u>		(4.1-5.1)	10 <sup>6</sup> /uL
> Red Blood	2007TTTD0007 X00 000 ,		(11.0-14.0)	g/dL
> Hemoglobir			(33.0-42.0)	g/ <b>4.</b> 2
> Hematocrit			(74.0-89.0)	fL
> MCV	67.3 L		(27.1-34.2)	pg
> MCH	20.9 L		(33.0-35.6)	g/dL
> MCHC	31.01		(12.0-14.5)	8 8
> RDW	16.5 H		(130-351)	10^3/uL
> Platelet C	i am i amin e a e e		(6.6-10.2)	fL
> Mean Plt V	* **** *** *** ***		(Not Estab.)	%
> Neutrophil			(Not Estab.)	ola
> Lymphocyte			(3-10)	96
> Monocytes	8.8		(0.0-8.0)	90
> Eosinophil			(0.0-3.0)	8
> Basophils	1.1		(Not Estab.)	10^3/uL
> Neutrophil			(Not Estab.)	10 <sup>9</sup> /L
> Lymphocyte			(Not Estab.)	10^3/uL
> Monocytes			(Not Estab.)	10^3/uL
> Eosinophil	parameter in the second		(Not Estab.)	10^3/uL
> Basophils			(NORMAL)	_,
> Hypochromi			(NORMAL)	
> Microcytos			(NONE SEEN)	
<pre>&gt;&gt; Ovalocytes &gt;&gt; Plt Estima</pre>			(NORMAL)	
OTES: (a)	platelets. If a Plat specimen in a BLUE TO and request. Test not performed Unable to perform Pla platelets. If a Plat	telet Count due to clumpelet Count is desired, per (Citrated) tube and restelet Count due to clumpelet Count is desired, per (Citrated) tube and restelet Count is desired, per (Citrated) tube and restelet count is desired and restelet count is desired and restelet count is desired and restelet count is desired.	please recollect esubmit specimer ping of please recollect	
atient:	L	Age/Sex: 2Y 00M/F	Acct#K3158299	2 <b>Unit#K</b> 00062960

# Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 228 of 333 Page D #: 1268

Patient Name:

Unit No: K000629604 SS#: 338-89-3614

Admitting Diagnosis:

EXAM# TYPE/EXAM RESULT

001094614 XR/CHEST XRAY PORTABLE 1 VIEW MODE OF TRANSPORTATION: STR - STRETCHER

02: N

REASON FOR EXAM: Wheezing > 1 Year

Baby ID#:

SPECIFIC TIME TO BE DONE: S

REASON FOR EXAM: Wheezing > 1 Year

DICTATION TIME: 0815

INTERPRETATIVE LOCATION: WKS

PORTABLE CHEST: Heart size and contour are normal for portable technique. The lungs are clear of infiltrate, mass lesion or effusion. No significant skeletal abnormality is noted.

IMPRESSION: Normal portable chest.

\*\* REPORT ELECTRONICALLY SIGNED 10/06/2015 (0919) \*\*

Reported By: C.S.COFFMAN, M.D. (ELEC.SIGN) WKS

Signed By: COFFMAN, CLIFF

10/06/2015 0919

CC:

Transcribed Date/Time: 10/05/2015 (1247)

Transcriptionist: PEACOG.HM

Printed Date/Time: 10/03/2019 (1026)

Tech: TARA COOK,

PAGE 1 Signed Report Printed From PCI

WILLIS-KNIGHTON SOUTH
2510 BERT KOUNS INDUSTRIAL LOOP
SHREVEPORT, LOUISIANA 71118
A NOT FOR PROFIT HOSPITAL
SERVING THE ARK-LA-TEX SINCE 1925

Name: L. Phys: Paul, Edward M.D.

DOB: 10/01/2013 Age: 4Y 4M Sex: F

Acct No: K31582992 Loc: UNK

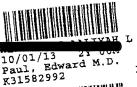
Exam Date: 10/05/2015 Status: UNK

Radiology No:

Willis Knighton South and Center for Women S Health

## Willis Knighton South

2510 Bert Kouns Industrial Loop Shreveport, LA 71118 318-212-5500



Bet (# BatR) Rettitute im im jem jem fett fet th ate

10/05/15

Discharge Instructions for:

**Arrival Date:** Care Complete Time: 10/05/15 02:21 10/05/15 04:42

Thank you for choosing Willis Knighton South for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Paul, Edward, MD

Diagnosis:

Upper Respiratory Infection (URI); Reactive Airway

DISCHARGE INSTRUCTIONS	FORMS
Reactive Airway Disease in Children Upper Respiratory Infection (URI), Child	None
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Private Physician When: 2 days; Reason: Recheck today's complaints	Cefzil Orapred
SPECIAL NOTES	
None	

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).

valiyati Henderson MRN # K000629604

#### X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

#### **MEDICATIONS:**

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

**Chart Copy** 

1270

## FOLLOW UP INSTRUCTIONS

Private Physician When: 2 days

Reason: Recheck today's complaints

## **PRESCRIPTIONS**

Cefzil 125 mg/5 mL Oral Suspension for Reconstitution
Take 7.2 milliliter by ORAL route every 12 hours for 10 days; 150 milliliter

Orapred 15mg/5ml Oral Solution
Take 5.3 milliliter by ORAL route once daily for 5 days; 30 milliliter

## HENDERSON, AALIYAH L 10/01/13 2Y 00M Paul, Edward M.D. K31582992

10/05/15

## **TESTS AND PROCEDURES**

Labs

**CBC With Diff** 

Rad

Chest Xray Portable 1 View

**Procedures** 

None

Other

Call X-Ray Tech



- ASSIGNMENT OF BENEFITS

  1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.
- 2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any
- 3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.
- 4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.
- 5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment. WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 10/05/15 Admission Time: 0221

AM3349\_1 Page 1 of 2

10/01/13 Paul, Edward M.D. K31582992 10/05/15



Page 2 of 2









### **ASSIGNMENT OF BENEFITS**

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one—third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

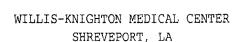
- 6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.
- 7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.
- 8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.
- 9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

1 dekilowica Be trial I mave been kin	ormed or my rights and ourie	,				
X Signature of Pation/Guardian X clenc Lev Alexade Print Name	Date/Time Guara		Date/Time	Dhalles With Pria l	e Saffel	Dates OS
If Patient/Guarantor is unable to sign, 1,		do hereby state	e that I have been giv	en the authority to sign	ı for	
	, either expressed or	implied and that	he or she is fully aw	are of this authority.		
Signature of Authorized Party	Authorized Party's Relationship to the Patient	Date/Time	•	Witness	Date/Time	
Admission Date: 10/05/15 Admission Time: 0221 AM3349_2 Revised 10/01/2013 Committee Approved 12/13/2013	AM0005		10/01/13	L 2Y F		

Paul, Edward M.D. K31582992 10/05/15



EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME:

ACCT. NO: K31532641

GUARANTOR: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET

NEXT OF KIN: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

PHONE:

(318)210-3821

SHREVEPORT, LA 71107

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER: CHILD

ADDRESS:

ARRIVED FROM: C

ATTENDING PHYS: Paul, Edward M.D.

ADMIT/OTHER PHYS:

PHONE:

PRIM CARE PHYS: UNKNOWN

NAME

POLICY #

GROUP #

BENEFIT PLAN

PRIMARY INS: LA HLTHCARE CONN LA ME

1997286459512

MEDICAID

SECONDARY INS: TERTIARY INS:

FOURTH INS:

ACCT NO: K31532641

ROOM:

STATUS: REGER

09/19/15 DATE:

UNIT#: K000629604

1133 TIME:

P/C: MA

SERV/LOC: ERS

BIRTHDATE: 10/01/13

SS#:

PATIENT:

ADDRESS: 2247 LEGARDY STREET

SHREVEPORT,LA 71107

AGE: SEX:

1Y F

PHONE: (318)210-3821

RACE

RELIGION: NO RELIGION

BLACK OR AFRICAN A

COUNTY: CADDO PARISH

MARITAL STAT: SINGLE

EMPLOYER: JOHNSON'S CARE

ADDRESS: 4038 MARRON PLACE

SHREVEPORT, LA 71109

PERSON TO NOTIFY: ALEXANDER JENNIFER

ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

(318)631-7714

PHONE: (318)210-3821

RELATION: M

COMMENTS:

REASON FOR VISIT: COLD SYMPTOMS FEVER

KNOWN DRUG ALLERGIES: NKDA

ADMIT CLERK: MONETT AM



## Physician Documentation

Name: Aaliyah

Age: 1 yrs Sex: Female DOB: 10/01/2013 Arrival Date: 09/19/2015 Time: 11:33

Bed 8 HPI: Willis Knighton South

MRN: 1116206 Account#: K31532641

Private MD: LSU/Ochsner, KidMed

clinic

09/19 This 23 months old Black Female presents to ED via Unassigned with complaints of <u>Cold Symptoms</u>, 12:29 Fever.

ptoms, kd2

12:29 The patient presents to the emergency department with congestion, with nasal discharge, fever, with an emergency department temperature of 98.5 degrees Fahrenheit, vomiting, 1 times since the onset of symptoms, pts mother reports pt pulling ears. Onset: The symptoms/episode began/occurred yesterday. Associated signs and symptoms: Pertinent positives: congestion, fever, nasal discharge, vomiting, Pertinent negatives: cough, diarrhea, seizure, shortness of breath. Treatment prior to arrival: pts mother reports giving pt Tylenol.

12:34 Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by hothing. The patient has not experienced similar symptoms in the past. The patient has not recently seen a physician.

#### Historical:

- · Allergies: No known Allergies;
- · Home Meds:
  - 1. No Home Medications
- PMHx: .NonePSHx: NoneHistorical:
- 11:41 Family history: Pertinent for; diabetes, hypertension. Immunization history: Childhood immunizations up to date. Social history: The patient lives with mother the patient is a minor.
- 12:34 History obtained from mother. The history from nurses notes was reviewed and confirmed.

kd2

## ROS:

12:34 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned below. Eyes: Negative for injury, pain, redness, and discharge, Neck: Negative for injury, pain, and swelling, stiffness Cardiovascular: Negative for chest pain and edema Respiratory: Negative for shortness of breath, cough, wheezing, and pleuritic chest pain. Back: Negative for injury and pain, no deformity GU: Negative for injury, bleeding, discharge, and swelling, MS/Extremity: Negative for pain, injury and deformity, Skin: Negative for injury, rash, and discoloration, Neuro: Negative for headache, weakness, numbness, tingling, and seizure, Psych: Negative for delusions, awake and oriented. Constitutional: Positive for fever, vomiting, Negative for coughing, obvious distress, poor PO intake, shortness of breath. ENT: Positive for nasal discharge, pulling at ears, rhinorrhea, sinus congestion. Negative for nose bleed. Abdomen/GI: Positive for vomiting, Negative for diarrhea, black/tarry stool.

## Exam:

12:34 kd2

Head/Face: Normocephalic, atraumatic.

**Eyes:** Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema.

**Neck:** Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

Chest/axilla: Normal chest wall appearance and motion. Nontender, no deformity. No lesions appreciated. No axillary lymphadenopathy

Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits.

**Abdomen/GI:** Soft, nontender, nondistended, no mass, no hepatosplenomegaly. No rebound or guarding. Bowel sounds present all quadrants. No hernia noted

Back: Normal inspetion with no obvious deformity. No spinal or CVA tenderness. Normal ROM without pain Skin: Warm, dry with normal turgor. Normal color with no rashes, pallor, or cellulitis

MS/ Extremity: Pulses equal. No clubbing, cyanosis, or edema. Neuro vascular intact. Full range of motion without pain

Neuro: Awake or easily awakened, alert, makes good eye contact, age appropriate reflexes, good tone, easily consolable

Psych: Behavior, mood, response, and affect are appropriate for age. No delusions

Female GU: No CVA tenderness, bladder non-distended, non-tender.

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted. awake, alert, well developed, well hydrated, well nourished, non-diaphoretic, non-toxic, afebrile.

ENT: External ear(s): are unremarkable, no abrasion, no avulsion, no erythema, no laceration, no puncture, no cellulitis, no abscess, no swelling, no contusion, no pain with movement, Ear canal(s): are normal, clear, no abscess, no bleeding, no bloody discharge, no cerumen impaction, no erythema, no foreign body, no purulent discharge, no swelling, TM's: erythema, that is mild, bilaterally. Nose: is normal, no abrasion, no abscess, no bleeding, no clotted blood, no contusion, no drainage, no edema, no erythema, no laceration, no septal hematoma, no swelling, Mouth: is normal, no abscess, no drooling, no injury, no laceration, no lesion(s), no ulcerations, Posterior pharynx: is normal, airway is patent, no erythema, no exudate, no peritonsilar mass, no pooling of secretions, no swelling.

Respiratory: the patient does not display signs of respiratory distress. Respirations: intercostal retractions, that is mild, Breath sounds: wheezing, that is mild, expiratory.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
11:36		173	30	98.5	96%	12.7 kg / 28 lbs 0 oz	32 in. (81 cm)		cjs
11:54		168	,		96% on R/A			2/10	jmt
15:10		116	28	98(TE)	97% on R/A			0/10	jmt

Glasgo	w Coma Score.					
Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
11:36	spontaneous(4)	oriented(5)	obeys commands(6)		15	cjs

## MDM:

12:34 Patient medically screened.

ah kd2

ah

12:34

Data reviewed: vital signs, nurses notes, and as a result. I will continue to observe the patient, order radiologic study(s), order laboratory test(s).

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, lab results, radiology results, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

13:52 I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

ED course: pt much improved after meds in ED. Will dc with meds and f/u.

Order	Status	Time	Ву	For
Chest 2 View *routine*	Ordered	09/19/15 11:53	jmt	ер
	Returned	09/20/15 10:02	Dispato	her MedHost
Notes: Bed Name: 8	Order Method:	Verbal - Read back		
	Sign off: Hayne	es, Andrew 09/19/15 12:20	3	

Name: Aaliyah

Print Time, 10/1 2019 13:01:18

MRN: 1116206 Account#: K31532641

ER EXAM ROOM/BED: (OERDERRMBD): 8				
MODE OF TRANSPORTATION : (OERDTRANS): ST	RETCHER			
O2: (OEADO2): No				
REASON FOR EXAM: (OERDEXAM): Cold Symptom	S			denne de construent de la litera de la construent
Order	Status	Time	Ву	For
Call X-Ray Tech	Ordered	09/19/15 11:53	jmt	ер
	Completed	09/19/15 12:17	Josefina	a Torres
Notes:		erbal - Read back	,	····
	Sign off: Haynes	, Andrew 09/19/15 12:26	3	Šilo, čalovnici i transcomicanos —
Order	Status	Time	Ву	For
CBC With Diff	Ordered	09/19/15 11:53	jmt	ер
	Reviewed	09/19/15 12:58	Andrew	Haynes
Notes:	Order Method: V	erbal - Read back		
	Sign off: Haynes	, Andrew 09/19/15 12:26	<u> </u>	
Interpretation: White Blood Cel 21.2.				
COLLECTED BY NURSE? (Y/N) (OELBCBN): No				
Ordering Location: ERNPC1.1				
Quantity 1: 1			<u></u>	
Order	Status	Time	Ву	For
DuoNeb 1 unit dose Inhalation once	Ordered	09/19/15 12:35	ah	ah
	Administered	09/19/15 12:51	jmt	
Notes:	Order Method: E	lectronic		
09/19/15 12:51 Administered: DuoNeb 1 unit dose	e Inhalation over 5 mins			jmt
09/19/15 14:01 Follow Up: Response: Respiratory	status improved			jmt
Order	Status	Time	Ву	For
Orapred 2 tsp PO once	Ordered	09/19/15 12:35	ah	ah
•	Administered	09/19/15 12:43	jmt	
Notes:	Order Method: E	lectronic		
09/19/15 12:43 <b>Administered</b> : Orapred 2 tsp PO		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	jmt
09/19/15 14:01 Follow Up: Response: No Adverse	Reaction	Menne		jmt
Order	Status	Time	Ву	For
Blood Culture, Bacteria	Ordered	09/19/15 12:35	ah	ah
	In Process Unspecified	09/19/15 12:35	Dispato	her MedHos
Notes:	Order Method: E	lectronic		
COLLECTED BY NURSE? (Y/N) (OELBCBN): No				
Source (OEMICbid): Venipuncture				

Name: Aaliyah

Print Time 10/1/2019 13:01:18

Order		Status	Time	Ву	For
Rocephin 500 mg IM once		Ordered	09/19/15 13:54	ah	ah
	, 5		09/19/15 14:19	jmt	, ,
Notes:		Order Method: E	lectronic		
09/19/15 14:19	Administered: Rocephin 500 mg II	l M in left vastus lateralis			jmt
09/19/15 14:49	Follow Up: Response: No Adverse	Reaction			jmt

Order Signatures:

Paul, Edward, MD

MD ep

Torres, Josefina, RN

RN jmt

Haynes, Andrew, MD

MD ah

Disposition:

12:34 This chart was scribed by Day, Kalea, Scribe. in the presence of Andrew Haynes MD.

kd2

13:52 Electronically signed by: Andrew Haynes M.D. Disposition.

ah

## Disposition:

## 09/19/15 13:53 Discharged to Home/Self Care. Impression: Bronchitis Acute, Reactive Airway.

- Condition is Stable.
- Discharge Instructions: Bronchitis, Reactive Airway Disease in Children.
- Prescriptions for

Amoxicillin 400 mg/5 mL Oral Suspension for Reconstitution

- take 5 milliliter by ORAL route every 12 hours for 10 days; 100 milliliter.

Albuterol Sulfate 2 mg/5 mL Oral Syrup

- take 5 milliliter by ORAL route 3 times per day As needed; 150 milliliter.

Orapred 15 mg/5 mL Oral Solution

- take 5 milliliter by ORAL route once daily for 5 days; 25 milliliter.
- Follow up: KidMed clinic LSU/Ochsner; When: 2 days; Reason: Recheck today's complaints.
- · Problem is new.
- · Symptoms have improved.

#### Signatures:

Haynes, Andrew, MD MD ah Torres, Josefina, RN mt Jmt Bryant, Crystal, RN RN cjs Day, Kalea, Scribe Scribe kd2

MRN: 1116206 Account#: K31532641

Page 4 of 4

Name: Aaliyah

## Nurse's Notes

Name: Aalivah

Age: 1 yrs Sex: Female DOB: 10/01 2013 Arrival Date: 09-19/2015 Time: 11:33

## Willis Knighton South

cis

jmt

cis

MRN: 1116206 Account#: K31532641

Private MD: LSU/Ochsner, KidMed

clinic

#### Bed 8

#### Presentation:

09/19 Preferred language for medical communication is English. Presenting complaint: Mother states: cold and cjs 11:36 congestion since yesterday, fever this morning, i gave her some tylenol. Person Transporting: Parent. Transition of care: patient was not received from another setting of care. Care prior to arrival: Medications: Tylenol, 0800.

11:39 Acuity: 4 - Semi-Urgent.

11:57 Acuity: 3 - Urgent.

## Triage Assessment:

11:36 General: Appears in no apparent distress, well developed, well nourished, well groomed, Behavior is cjs cooperative, pleasant, quiet, Reports fever for 0-12 hours. Pain: Denies pain.

#### Historical:

Alleraies: No known Alleraies:

Home Meds:

1. No Home Medications

• PMHx: None • PSHx: None Historical:

11:41 Family history: Pertinent for; diabetes, cis hypertension. Immunization history: Childhood immunizations up to date. Social history: The patient lives with mother the patient is a minor.

12:34 History obtained from mother. The history kd2 from nurses notes was reviewed and

confirmed.

## Screening:

11:36 Abuse screen:

Denies threats or abuse. Patient fall risk assessment;

risks identified: None. Learning Barriers:

No barriers to teaching and learning identified.

caregiver ready and willing to learn.

Pedi Fall Risk None Identified.

Exposure risk/Travel Screening:

None identified.

### Assessment:

11:48 Pain: Denies pain. General: Appears well developed, well nourished, Behavior is appropriate for age, imt mobility; ambulates without assistance Reports fever for. Neuro: Level of Consciousness is alert, awake. Oriented to person. Dermatologic: Skin is intact, is healthy with good turgor, Skin is dry, Skin is normal, Skin temperature is warm. Age appropriate behavior- Toddler (12 months to 4 yrs): non-autonomy -clings to parent, minimal language skills, fears pain, safety concerns.

11:51 Respiratory: Respiratory effort is. Respiratory: Respiratory: Respiratory effort is even. with retractions, imt Respiratory pattern is Airway is patent.

11:56 General: Appears in no apparent distress.

11:57 Respiratory: patient breathing fast with retraction, mother states she has temp of 103 this morning.

11:58 Respiratory: Respiratory effort is mild wheezing and respiratory distress noted.

13:20 Respiratory: Respiratory effort is even, unlabored. Respiratory pattern is regular, symmetrical.

13:29 General: Appears uncomfortable.

15:03 Neuro: Level of Consciousness is alert, awake, Oriented to person. Respiratory: Respiratory effort is even, jmt

unlabored. Respiratory pattern is regular, symmetrical. Airway is patent. Genitourinary: wears diapers.

15:11 Pain: level that is acceptable is 0 out of 10 on a pain scale.

jmt

imt

jmt

jmt

imt imt

### Vital Signs:

Print Time: 10 1/2019 13:23:30

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
11:36		173	30	98.5	96%	12.7 kg / 28	32 in. (81		cjs
						lbs 0 oz	cm)		
							,		

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## Nurse's Notes Con't

11:54	168		96% on R/A	2/10	jmt
15:10	116	98(TE)	97% on R/A	0/10	jmt

#### Vitals:

11:36 Acuity: 4 - Semi-Urgent. 11:48 Body Mass Index = 19.36. 11:57 Acuity: 3 - Urgent. cjs imt

jmt

Glasgow Coma Score:

	Eve Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
Time	Eye Kesponse	verbal Response	Motor Response	Modifying ractors	1000	0.00
11:36	spontaneous(4)	oriented(5)	obeys commands(6)		15	cjs

## ED Course:

11:33 Patient arrived in ED.	ms2
11:33 Patient moved to KIOSK,	ms2
11:36 LSU, KidMed clinic is Private Physician.	cjs
11:41 Patient moved to Waiting.	cjs
11:42 Patient moved to 8.	jmt
11:43 Torres, Josefina, RN is Primary Nurse.	jmt
11:51 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Placed in gown. Bed in low position. Call light in reach. Instructed to call for assist when getting up, verbalized understanding. Patient has correct armband on for positive identification. Child being held by parent.	jmt
11:52 Awaiting ED physician evaluation.	jmt
11:58 Blood collected; (by phlebotomist).	jmt
12:03 Haynes, Andrew, MD is Attending Physician.	ah
12:49 Patient moved to Radiology.	drm
12:49 Patient moved to 8.	drm
12:49 Chest 2 View *routine* Sent.	drm
13:53 LSU, KidMed clinic is Referral Physician.	ah
14:20 Special Handling: Hold Discharge.	jmt
15:11 No procedures done that require assistance.	jmt

Administered Medications:

Time	Drug & Dose Orspersable & Pergraty	Volume	Route	Rate	Infused Over	Site	Delivery	Staff
12:43	Orapred 2 tsp		PO					jmt
14:01							jmt	
12:51	DuoNeb 1 unit dose		Inhalation		5 mins			jmt
14:01	Follow up: Response: Respiratory status improved							jmt
14:19					left vastus lateralis		jmt	
14:49 Follow up: Response: No Adverse Reaction								jmt

Name: Aaliyah Account#: K31532641

Print Time: 10/1-2019 13.23.30 Page 2 of 3

# Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 240 of 3338-PagelD #: 1280

## Nurse's Notes Con't

#### Outcome:

13:53 Discharge ordered by MD.

ah jmt

15:10 Discharged to home, carried, with family. Discharge instructions given to family, Instructed on discharge instructions, follow up and referral plans, medication usage, fever management, Demonstrated understanding of instructions, medications. Prescriptions given; 3. No questions or concerns expressed to me at discharge. **Medication reconcilliation form provided. Med Effects:** Effects of administered medications were addressed. **Oxygen use:** Oxygen use not applicable.

jmt

15:11 Electronic medical record closed.

## Signatures:

Haynes, Andrew, MD	MD	ah	Torres, Josefina. RN	RN	jmt
Martinez, Dianna, RT	RT	drm	Bryant, Crystal, RN	RN	cjs
Scriptuser, MEDHOST		ms2	Day, Kalea, Scribe	Scrib	e kd2

Name: Aaliyah

MRN: 1116206 Account#: K31532641

Print Time 10/1 2019 [3:23:30 Page 3 of 3

# Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 241 of 333 PageID #: 1281 Page 1666 of 1758

RUN DATE: 10/01/19 RUN TIME: 1347 RUN USER: PARRM.HM Laboratory System \*Live\*
WKS Discharge Summary Report

PAGE 1

## LOCATION

PATIENT: REG DR: Haynes,	Andrew T M.D.	ACCT #: K31532641 AGE/SX: 1Y 11M/F STATUS: DEP ER	LOC: ERS ROOM: BED:	U #: K000629604 REG: 09/19/15 DIS:
		HEMATOLOGY		
Day Date Time> White Blood C			Reference (6.0-11.0)	Units 10^9/L 10^6/uL
=> Red Blood Cel => Hemoglobin => Hematocrit => MCV => MCH => MCHC	1   5.40   11.0   36.5   67.5 L		(3.7-6.0) (10.5-13.5) (33.0-40.0) (74.0-89.0) (27.1-34.2) (33.0-35.6)	g/dL g/dL gg g/dL
=> RDW => Platelet Coun => Mean Plt Volu => Neutrophils => Lymphocytes => Monocytes	16.3 272 me 7.0 69.4 17.9 8.1		(Not Estab.) (130-351) (6.6-10.2) (Not Estab.) (Not Estab.) (3-10) (0.0-8.0)	% 10^3/uL fL % % %
<pre>=&gt; Eosinophils =&gt; Basophils =&gt; Neutrophils # =&gt; Lymphocytes # =&gt; Monocytes # =&gt; Eosinophils # =&gt; Basophils # =&gt; Hypochromic</pre>	3.8		(0.0-3.0) (Not Estab.) (Not Estab.) (Not Estab.) (Not Estab.) (Not Estab.) (Not Estab.)	8
<pre>=&gt; Microcytosis =&gt; Ovalocytes =&gt; Plt Estimate</pre>	Few (a)		(NORMAL) (NONE SEEN) (NORMAL)	
> Culture, Blood		Final 09/25/15 NO GROWTH AT 5 DA		
NOTES: (a) NOR	MAL			
Patient:	L	Age/Sex: 1Y 11M/F	Acct#K31532641	l

# Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 242 of 333 Page D #: 1282

Patient Name:

Unit No: K000629604 SS#: 338-89-3614

Admitting Diagnosis:

EXAM# TYPE/EXAM

RESULT

001092008 XR/CHEST 2 VIEW \*ROUTINE\*

MODE OF TRANSPORTATION: STR - STRETCHER

02: N

REASON FOR EXAM: Cold Symptoms

Baby ID#:

REASON FOR EXAM: Cold Symptoms

TWO VIEW CHEST

DICTATED TIME: 1305

INTERPRETIVE LOCATION: WKMC

Heart size normal. No infiltrates or effusions. Tracheal air shadow

midline.

IMPRESSION:

Chest appears negative for an acute cardiopulmonary process.

\*\* REPORT ELECTRONICALLY SIGNED 09/22/2015 (0146) \*\*

Reported By: D, MAJESTE, M.D. (ELEC. SIGN) WKS

Signed By: MAJESTE, DONALD

09/22/2015 0146

CC:

Transcribed Date/Time: 09/20/2015 (1002)

Transcriptionist: CREEDB.RD

Printed Date/Time: 10/03/2019 (1028) Tech: DIANNA MARTINEZ, KATIE N STILES,

PAGE 1

Signed Report Printed From PCI

WILLIS-KNIGHTON SOUTH
2510 BERT KOUNS INDUSTRIAL LOOP
SHREVEPORT, LOUISIANA 71118
A NOT FOR PROFIT HOSPITAL
SERVING THE ARK-LA-TEX SINCE 1925

Name: Paul, Edward M.D.

DOB: 10/01/2013 Age: 4Y 4M Sex: F

Acct No: K31532641 Loc: UNK

Exam Date: 09/19/2015 Status: UNK

Radiology No:

RUN DATE: 09 RUN TIME: 1142

Alis Knighton South \*ADMISSIONS INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE .

RUN USER: MONETT.AM

Rm/Bd:

Name:

Serv/Locn: ERS Account#: K31532641 Unit#: K000629604

DOB: 10/01/13

Age: 1Y 11M

Status: ER Sex: F BPI#: 000000001116206

> Last Update/ Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record

Paul, Edward M.D. K31532641

09/19/15

Willis Knighton South and Center for Women Lis Health

## Willis Knighton South

2510 Bert Kouns Industrial Loop Shreveport, LA 71118 318-212-5500

Discharge Instructions for:

**Arrival Date:** 

Care Complete Time:

09/19/15 11:33 09/19/15 13:53

10/01/13 Paul, Edward M.D. K31532641

09/19/15

J. TORRES A.

Thank you for choosing Willis Knighton South for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Haynes, Andrew, MD

Diagnosis:

Bronchitis Acute; Reactive Airway

DISCHARGE INSTRUCTIONS	FORMS
Bronchitis Reactive Airway Disease in Children	None
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
LSU, KidMed clinic (LSU Clinic) When: 2 days; Reason: Recheck today's complaints	Amoxicillin Albuterol Sulfate Orapred
SPECIAL NOTES	
None	

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if

MRN # K000629604

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

ED Physician or Nurse

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

**Chart Copy** 

28

116 97%

# FOLLOW UP INSTRUCTIONS

LSU, KidMed clinic (LSU Clinic)

318-675-8607 When: 2 days

Reason: Recheck today's complaints

## **PRESCRIPTIONS**

Amoxicillin 400 mg/5 mL Oral Suspension for Reconstitution Take 5 milliliter by ORAL route every 12 hours for 10 days; 100 milliliter

Albuterol Sulfate 2 mg/5 mL Oral Syrup
Take 5 milliliter by ORAL route 3 times per day As needed; 150 milliliter

Orapred 15 mg/5 mL Oral Solution Take 5 milliliter by ORAL route once daily for 5 days; 25 milliliter

10/01/13 1Y 11M Paul, Edward M.D. K31532641

09/19/15

## TESTS AND PROCEDURES

Labs

Blood Culture, Bacteria, CBC With Diff

Rad

Chest 2 View \*routine\*

**Procedures** 

None

Other

Call X-Ray Tech











- ASSIGNMENT OF BENEFITS

  1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures, Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.
- 2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any
- 3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including each, jewelry. bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.
- 4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are han and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.
- 5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herem above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment. WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital. medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 09/19/15 Admission Time: 1133

AM3349 1 Page 1 of 2





10/01/13 Paul, Edward M.D. K31532641 09/19/15











## **ASSIGNMENT OF BENEFITS**

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection. Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one—third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

- 6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care white a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.
- 7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermedianes with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.
- 8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items. Jusquostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.
- 9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and

acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

Signature of Print Name

Print Name

Print Name

Print Name

Print Name

Print Name

Print Name

Print Name

Oate/Time

do hereby state that I have been given the authority to sign for

either expressed or implied and that he or she is fully aware of this authority

Signature of Authorized Party's

Date/Time

Witness

Date/Time

Witness

Date/Time

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Admission Date: 09/19/15
Admission Time: 1133
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Revised 10/01/2013
Committee Approved 12/13/20

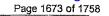
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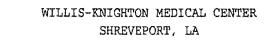
Committee Approved 12/13/2013 Page 2 of 2 AM0005

Relationship to the Patient



10/01/13 1Y F Paul, Edward M.D. K31532641 09/19/15





EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME:

ACCT, NO: K31302987

GUARANTOR: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET

NEXT OF KIN: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

SHREVEPORT,LA 71107 (318)210-3821 PHONE:

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER: CHILD

ADDRESS:

ARRIVED FROM: C

ATTENDING PHYS: Haynes, Andrew T M.D.

ADMIT/OTHER PHYS: PHONE:

PRIM CARE PHYS: UNKNOWN

NAME

POLICY #

CROUP #

BENEFIT PLAN

PRIMARY INS: LA HLTHCARE CONN LA ME

1997286459512

MEDICAID

SECONDARY INS: TERTIARY INS: FOURTH INS:

ACCT NO: K31302987

ROOM:

STATUS: REGER

07/14/15 DATE:

UNIT#: K000629604

SERV/LOC: ERS

1040

F/C: MA

SS#:

PATTENT. BIRTHDATE: 10/01/13

ADDRESS: 2247 LEGARDY STREET

SHREVEPORT, LA 71107

PHONE: (318)210-3821

COUNTY: CADDO PARISH

AGE: SEX:

1Y

RACE

TIME:

BLACK OR AFRICAN A

RELIGION: NO RELIGION

MARITAI, STAT: SINGLE

EMPLOYER: JOHNSON'S CARE

ADDRESS: 4038 MARRON PLACE

SHREVEPORT, LA 71109

PERSON TO NOTIFY: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

PHONE: (318)210-3821 (318)631-7714

RELATION: M

COMMENTS:

REASON FOR VISIT: FEVER KNOWN DRUG ALLERGIES: NKDA ADMIT CLERK: MONETT.AM



## Physician Documentation

Name: Aaliyah

Age: 1 yrs Sex: Female DOB: 10/01/2013 Arrival Date: 07/14/2015 Time: 10:40

Bed 9

Willis Knighton South

MRN: 1116206 Account#: K31302987

Private MD: LSU Ochsner, KidMed

elinic

HPI:

 $\frac{07/14}{11\cdot53}$  This 21 months old Black Female presents to ED via Carried with complaints of <u>Fever</u>.

ac5

11:53 The patient presents to the emergency department with congestion, with nasal discharge, that is clear, that is mild, cough, described as mild, fever, that is subjective, with an emergency department temperature of 101.3 degrees Fahrenheit, rhinorrhea. Onset: The symptoms/episode began/occurred 2 day(s) ago.

Associated signs and symptoms: Pertinent positives: congestion, cough, fever, nasal discharge, Pertinent negatives: constipation, diarrhea, seizure, shortness of breath, vomiting, wheezing. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by nothing. The patient has not experienced similar symptoms in the past. The patient has not recently seen a physician.

#### Historical:

· Allergies: No known drug Allergies;

· Home Meds:

1. No Home Medications

PMHx: .NonePSHx: NoneHistorical:

11:07 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations mg3 up to date.

11:53 History obtained from mother. The history from nurses notes was reviewed and confirmed.

ac5

## ROS:

ac5 below. Eyes: Negative for injury, pain, swelling, redness, discharge, vision changes, vision loss Neck:
Negative for injury, pain, swelling, stiffness Cardiovascular: Negative for chest pain, palpitations, edema Abdomen/GI: Negative for abdominal pain, nausea, vomiting, diarrhea, constipation, hematochezia, hematemesis, melena, anorexia, dysphagia, injury, distension Back: Negative for injury, pain, deformity, decreased ROM GU: Negative for injury, pain, bleeding, discharge, swelling, incontinence MS/Extremity: negative for injury, [ain, swelling, decreased ROM Skin: Negative for injury, swelling, discoloration, rash, lesions Neuro: Negative for altered mental status, headache, weakness, numbness, tingling, seizure Psych: Negative for anxiety, depression, auditory hallucinations, visual hallucinations, delusions, suicidal ideation, homicidal ideation. Constitutional: Positive for coughing, fever, fussiness, Negative for obvious distress, poor PO intake, shortness of breath, vomiting. ENT: Positive for nasal discharge, rhinorrhea, sinus congestion, Negative for difficulty handling secretions, difficulty swallowing, nose bleed, pulling at ears. Respiratory: Positive for cough, Negative for dyspnea on exertion, hemoptysis, orthopnea, pleurisy, paroxysmal nocturnal dyspnea, shortness of breath, wheezing.

# Exam: 11:53

Head/Face: Normocephalic, atraumatic.

ac5

Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Normal sclera, no evidence of conjunctivitis.

**Neck:** Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full range of motion without pain. No nuchal rigidity, or vertebral point tenderness. No Meningismus, Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

Chest/axilla: Normal chest wall appearance and motion. Nontender. no deformity. No lesions appreciated. No axillary lymphadenopathy.

Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits.

Respiratory: Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales,

rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring.

**Abdomen/Gi:** Soft, nontender, nondistended, no mass, no hepatosplenomegaly. No rebound or guarding. Bowel sounds present all quadrants. No hernia noted.

**Back:** Normal inspection with no obvious deformity. No spinal or CVA tenderness. Normal range of motion without pain.

Skin: Warm and dry with normal turgor. Normal color with no rashes, pallor, or cellulitis.

**MS/** Extremity: Pulses equal. No clubbing, cyanosis, or edema. NVI. Full range of motion without pain. **Neuro:** Awake or easily awakened, alert, makes good eye contact, age appropriate reflexes, good tone, easily consolable.

Psych: Behavior and affect are normal for age. No delusions.

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted, awake, alert, well developed, well hydrated, well nourished, non-diaphoretic, non-toxic, uncomfortable, febrile.

ENT: External ear(s): are unremarkable, no abrasion, no avulsion, no erythema, no laceration, no puncture, no cellulitis, no abscess, no swelling, no contusion, no pain with movement, Ear canal(s): are normal, clear, no abscess, no bleeding, no bloody discharge, no cerumen impaction, no erythema, no foreign body, no purulent discharge, no swelling, TM's: bulging, is not appreciated, decreased mobility, is not appreciated, dullness, is not appreciated, erythema, that is mild, bilaterally, fluid levels, is not appreciated, hemotympanum, is not appreciated, loss of bony landmarks, is not appreciated, rupture, is not appreciated, Nose: External nose: no obvious acute abnormality, Nasal septum: is midline, no septal hematoma appreciated, Nasal mucosa: normal, Turbinates: are normal, abrasion, is not appreciated, bleeding, is not appreciated, clotted blood, is not appreciated, nasal drainage, that is minimal, and is seen coming from both nares, crusted exudate that is clear, a foreign body, is not appreciated, laceration, is not appreciated, cerebral spinal fluid rhinorrhea, is not appreciated, Mouth: is normal, no gum abnomalities, no lip abnormalities, no mucosal abnormalities, no tongue abnormalities. Posterior pharynx: is normal, airway is patent, no erythema, no exudate, no peritonsilar mass, no pooling of secretions, no swelling.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
10:48		· .	28	1-11 2:R)	100% on R/A	11.42 kg / 25 lbs 3 oz	28 in. (71 cm)	0/10	jcm
12:10				99.4(R)					mg3

Glasgow Coma Score:

Glasyc	JW COINA SCOIE.				·		
Time	Eve Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff	
10.42	spontaneous(4)	oriented(5)	obevs commands(6)		15	jcm	

#### MDM:

11:47 Patient medically screened.

ah ac5

ah

11:53

Data reviewed: vital signs, nurses notes.

12:01 I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

Order	Status	Time	Ву	For
Tylenol 1 dose PO once; Per Pedi Fever Standing Orders	Ordered	07/14/15 10:53	jcm	ah
yourdine added to disease, the court of the	Administered	07/14/15 10:57	jcm	
Notes:	Order Method: V	erbal - Read back		

Name: Aaliyah

Print Time 10/1 2019 13 03:30

MRN: 1116206 Account#: K31302987

	Sign off: Haynes, A	ndrew 07/14/15 12:03
07/14/15 10:57	Administered: Tylenol 1 dose PO	jcm
07/14/15 12:10	Follow Up: Temp 99.4 Rectal	mg3

Order Signatures:

Haynes, Andrew, MD

MD ah

Mathews, Janet, RN

RN jcm

Disposition:

11:53 This chart was scribed by Canizares. Andrea. in the presence of Andrew Haynes MD.

12:01 Electronically signed by: Andrew Haynes M.D. Disposition.

ac5 ah

Disposition:

07/14/15 12:03 Discharged to Home/Self Care. Impression: Upper Respiratory Infection (URI), Otitis Media.

- · Condition is Stable.
- Discharge Instructions: Ear Middle, Infection (Otitis Media), Child, Fever, Child (with Dosage Charts), Upper Respiratory Infection (URI), Child.
- Prescriptions for

Amoxicillin 400 mg/5 mL Oral Suspension for Reconstitution

- take 5 milliliter by ORAL route every 12 hours for 10 days; 100 milliliter.

Benadryl 12.5 mg/5 mL Oral Elixir

- take 5 milliliter by ORAL route every 6 hours (10 kg); 100 milliliter.
- Follow up: KidMed clinic LSU/Ochsner; When: 3 days.
- · Problem is new.
- Symptoms are unchanged.

Signatures:

Haynes, Andrew, MD MD ah Mathews, Janet, RN jcm Griggs, Melissa, RN RN mg3 Canizares, Andrea ac5

Name: Aaliyah

Print Time 10/1/2019 13 03:30

MRN: 1116206 Account#: K31302987

Page 3 of 3

Nurse's Notes

Name: Aaliyah

Age: Lyrs Sex: Female DOB: 10/01 2013

Arrival Date: 07-14/2015 Time: 10:40

Willis Knighton South

MRN: 1116206 Account#: K31302987

Private MD: LSU/Ochsner, KidMed

linic

Bed 9

Presentation:

07/14 10:42 Method of Arrival: Carried. jcm

10:42 Preferred language for medical communication is English. Presenting complaint: Mother states: She has a fever, cough, runny nose and digging in her ears since Sunday. Person Transporting: Parent. Transition of care: patient was not received from another setting of care.

jcm

10:48 Acuity: 4 - Semi-Urgent.

jcm

## Triage Assessment:

10:42 **General:** Appears in no apparent distress, well developed, well nourished, Behavior is cooperative, jcm appropriate for age, quiet, mobility; ambulates without assistance Reports fever for 2-3 days. **Pain:** level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 0 out of

### Historical:

Allergies: No known drug Allergies;

· Home Meds:

1. No Home Medications

PMHx: .NonePSHx: NoneHistorical:

11:07 Family history: No immediate family members mg3 are acutely ill. Immunization history: Childhood immunizations up to date.

11:53 History obtained from mother. The history ac5 from nurses notes was reviewed and confirmed.

### Screening:

10:42 Abuse screen:

icm

there are no obvious signs of child abuse.

Patient fall risk assessment;

risks identified; is of toddler age, Intervention for positive screen: parent/caregiver holding child, teaching provided regarding fall risk, with verbalized understanding.

Learning Barriers:

age barrier identified, caregiver ready and willing to learn.

Pedi Fall Risk None Identified.

Exposure risk/Travel Screening:

None identified.

#### Assessment:

11:08 Pain: Complains of pain in right ear Pain does not radiate, level that is acceptable is 2 out of 10 on a pain ma3 scale. Faces, Legs. Activity. Cry. Consolability scale score is 3 out of 10. Pain began one week ago Is continuous Alleviated by nothing. Aggravated by nothing. Also complains of decreased appetite, Current management - is no interventions. Goal of pain control is to be pain free, sleep comfortably. General: Appears in no apparent distress, well developed, well nourished, well groomed, Behavior is appropriate for age, mobility; ambulates without assistance Reports chills for fever for feeling ill for fatigue for. General: Behavior is fussy. Neuro: Level of Consciousness is alert, awake, Moves all extremities. EENT; Parent/caregiver reports the patient having nasal congestion nasal discharge pulling on right ear. Respiratory: Respiratory effort is even, unlabored. Respiratory pattern is regular, symmetrical, Airway is patent Breath sounds are clear bilaterally. Parent/caregiver reports the patient having cough that is. Gastrointestinal: Parent/caregiver reports the patient having decreased appetite. Genitourinary: Parent/caregiver reports the patient having normal urinary habits. Dermatologic: Skin is intact, is healthy with good turgor, Skin is pink, warm & dry. normal. Musculoskeletal: No deficits noted. Injury Description: denies injury. Age appropriate behavior-Toddler (12 months to 4 yrs): fears pain, safety concerns. Nursing diagnosis: Alteration in body temperature: actual related to fever.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
10:48		14"	28	10日高級	100% on R/A	11.42 kg /	28 in. (71	0/10	jcm
			]			25 lbs 3 oz	cm)		<u> </u>

#### Page 1678 of 1758

#### Nurse's Notes Con't

12:10		99.4(R)		mg3
Vitals:				
10:48 Acuity: 4 - Semi-Urgent.				jcm

Classow Coma Scora

12:11 Body Mass Index = 22.65.

Clasge	UW CUIIIA SCOIE.			,		
Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
10:42	spontaneous(4)	oriented(5)	obeys commands(6)		15	jcm

ED Course:	
10:40 Patient arrived in ED.	ms2
10:40 Patient moved to KIOSK.	ms2
10:42 LSU, KidMed clinic is Private Physician.	jcm
10:57 Triage completed.	jcm
10:57 Patient moved to Waiting.	jcm
10:58 Griggs, Melissa, RN is Primary Nurse.	mg3
10:58 Patient moved to 9.	mg3
11:08 Haynes, Andrew, MD is Attending Physician.	ah
11:11 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Call light in reach. Instructed to call for assist when getting up. verbalized understanding. Patient has correct armband on for positive identification. Adult with patient.	mg3
12:02 LSU, KidMed clinic is Referral Physician.	ah
12:10 No procedures done that require assistance.	mg3

#### dministered Medications

Time	Drug & Dose Display sable, & Quantery	Volume Route	Rate	infused Over	Site	Delivery	Staff
10:57	Tylenol 1 dose	PO					jcm
12:10	Follow up: Temp 99.4 Rectal						mg3

#### Outcome:

12:03 Discharge ordered by MD.

mg3

12:10 Discharged to home, carried, with family. Discharge instructions given to Mother Grandmother Instructed on mg3 discharge instructions, follow up and referral plans, medication usage. Diet, fever management, Demonstrated understanding of instructions, medications, Prescriptions given; 2, No questions or concerns expressed to me at discharge. No belongings were removed by WK staff. Medication reconcilliation form provided. Med Effects: Effects of administered medications were addressed. Oxygen use: Oxygen use not applicable.

12:11 Electronic medical record closed.

mg3

#### Signatures:

Haynes, Andrew, MD	MD	ah	Mathews, Janet, RN	RN	jcm
Scriptuser, MEDHOST		ms2	Griggs, Melissa, RN	RN	mg3
Canizares, Andrea		ac5			

Canizares, Andrea

MRN: 1116206 Name: Aaliyah Account#: K31302987

Page 2 of 3 Print Time 10/1/2019 13:05:21

Nurse's Notes Con't

Print Time: 10/1/2019 13:05:21

Name: Aaliyah Account

Page 3 of 3

RUN DATE: 0

llis Knighton ath \*ADMISSION INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

RUN TIME: 1058 RUN USER: MONETT.AM

Name: Rm/Bd:

Serv/Locn: ERS

DOB: 10/01/13 Status: ER

Age: 1Y 09M Sex: F

Unit#: K000629604

Account#: K31302987

EPI#: 000000001116206

Last Update/ Acknowledgement:

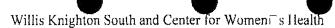
Interdisciplinary Assessment (Free Text), historical data:

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

Haynes, Andrew T M. K31302987 07/14/15

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Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record



## Willis Knighton South

2510 Bert Kouns Industrial Loop Shreveport, LA 71118 318-212-5500

Discharge Instructions for:

**Arrival Date:** 

07/14/15 10:40

Care Complete Time:

07/14/15 12:03

Thank you for choosing Willis Knighton South for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Haynes, Andrew, MD

Diagnosis:

Upper Respiratory Infection (URI); Otitis Media

DISCHARGE INSTRUCTIONS	FORMS
Ear - Middle, Infection (Otitis Media), Child Fever, Child (with Dosage Charts) Upper Respiratory Infection (URI), Child	None
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
LSU, KidMed clinic (LSU Clinic) When: 3 days	Amoxicillin Benadryl
SPECIAL NOTES	
None	

I hereby acknowledge that I have received and understand, the above instructions and prescriptions (if any).

Aaliyal

MRN # K000629604

ED Physician or N

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

**MEDICATIONS:** 

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-im physician of all your medications including the prescriptions you may receive today.

**Chart Copy** 

HENDERSON, AALIYAH L 10/01/13 Andrew T M. 07/14/15

K31302987

to the residence of such is

Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 257 of 333 PageID #: 1297



LSU, KidMed clinic (LSU Clinic) 318-675-8607 When: 3 days

#### **PRESCRIPTIONS**

Amoxicillin 400 mg/5 mL Oral Suspension for Reconstitution

Take 5 milliliter by ORAL route every 12 hours for 10 days, 100 milliliter

Benadryl 12.5 mg/5 mL Oral Elixir Take 5 milliliter by ORAL route every 6 hours (10 kg); 100 milliliter

#### **TESTS AND PROCEDURES**

Labs

None

Rad

None

**Procedures** 

None

Other

None

HENDERSON LINE L 10/01/13 1Y 09M Haynes, Andrew T M. K31302987

07/14/15











- ASSIGNMENT OF BENEFITS

  1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.
- 2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any
- 3. Valuables: 1 understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.
- 4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.
- 5. Payment Guaranty and Assignment of Insurance Benefits: 1, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment. WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 07/14/15 Admission Time: 1040

AM3349 1 Page 1 of 2

10/01/13 Haynes, Andrew T M.D. K31302987 07/14/15











#### ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

- 6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.
- 7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.
- 8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.
- 9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am

responsible for and/or who is unable to consent on their behalf for reasons indicated below. I acknowledge that I have been informed of my right, and obligations as a patient. Print Name , do hereby state that I have been given the authority to sign for If Patient/Guarantor is unable to sign. I. either expressed or implied and that he or she is fully aware of this authority. Date/Time Witness Authorized Party Date/Time Signature of Relationship to the Patient Authorized Party Admission Date: 07/14/15 Admission Time. 1040 AM3349\_2

Revised 10/01/2013

Committee Approved 12/13/2013

Page 2 of 2



10/01/13 Haynes, Andrew T M.D. K31302987 07/14/15

WILLIS-KNIGHTON MEDICAL CENTER SHREVEPORT, LA

EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME:

ACCT. NO: K30878219

GUARANTOR: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

NEXT OF KIN: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

(318)210-3821 PHONE:

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER: CHILD

ADDRESS:

PHONE:

ARRIVED FROM: C

ATTENDING PHYS: Brandhurst, Roy E M.D.

ADMIT/OTHER PHYS:

PRIM CARE PHYS; Springer, Margaret Ann M.D.

NAME

POLICY #

GROUP #

BENEFIT PLAN

PRIMARY INS: LA HLTHCARE CONN LA ME

1997286459512

MEDICAID

SECONDARY INS: TERTIARY INS:

FOURTH INS:

ACCT NO: K30878219

ROOM:

STATUS: REGER

03/11/15 DATE:

UNIT#: K000629604

TIME:

1957

F/C: MA

SERV/LOC: ERS

SS#:

PATIENT ADDRESS: 2247 LEGARDY STREET

SHREVEPORT, LA 71107

PHONE: (318)210-3821

AGE:

1Y

SEX:

BIRTHDATE: 10/01/13

BLACK OR AFRICAN A

RACE RELIGION: NO RELIGION MARITAL STATE SINGLE

EMPLOYER: JOHNSON'S CARE

COUNTY: CADDO PARISH

ADDRESS: 4038 MARRON PLACE

SHREVEPORT,LA 71109

(318)631-7714

PERSON TO NOTIFY: ALEXANDER, JENNIFER

ADDRESS: 2247 LEGARDY STREET

SHREVEPORT,LA 71107

PHONE: (318)210-3821

RELATION: M

COMMENTS:

REASON FOR VISIT: COLD SYMPTOMS

KNOWN DRUG ALLERGIES: NKDA

ADMIT CLERK: ALVARM.AM

#### Physician Documentation

Name: Aaliyah

**Age:** 1 yrs **Sex:** Female **DOB:** 10/01/2013 **Arrival Date:** 03/11/2015 **Time:** 19:57

Bed .HB4

Willis Knighton South

MRN: 1116206 Account#: K30878219

Private MD: Springer, Margaret, Ann

#### HPI:

03/11 This 17 months old Black Female presents to ED via Carried with complaints of <u>Cold Symptoms</u>.

i Oyniptonis.

rb

rb

22:43 This 17 months old Black Female presents to ED via Carried with complaints of Cold Symptoms.

22:43 The patient presents to the emergency department with congestion, with nasal discharge, that is clear, that is moderate, cough, that is intermittent, described as moderate, with no sputum, earache, of both ears, that is moderate, fever, that is subjective, with an emergency department temperature of 99.5 degrees Fahrenheit, rhinorrhea. Onset: The symptoms/episode began/occurred acutely, yesterday. Associated signs and symptoms: Pertinent positives: congestion, cough, earache, fever, nasal discharge, Pertinent negatives: abdominal pain, body aches, constipation, diarrhea, dysuria, shortness of breath, sore throat, vomiting, wheezing. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by coughing. Treatment prior to arrival: none. The patient has not experienced similar symptoms in the past.

#### Historical:

- Allergies: No known drug Allergies;
- Home Meds:
  - 1. No Home Medications
- PMHx; premature at 27 weeks; NICU x 3 months
- PSHx: None

#### Historical:

- 22:23 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations cph up to date.
- 22:43 The history from nurses notes was reviewed and confirmed. Family history: Father has/had no known health rb problems. Mother has/had hypertension. Social history: The patient lives with family the patient is a minor.

#### ROS:

22:43 Eyes: Negative for injury, pain, redness, and discharge. Neck: Negative for injury, pain, and swelling, Cardiovascular: Negative for Chest pain, palaitations, and edema. Abdomen/GI: Negative for abdominal pain, nausea, vomiting, diarrhea, and constipation, Back: Negative for injury and pain, GU: negative for foul smelling urine, painful urination or blood in urine. MS/Extremity: Negative for injury and deformity, or swelling. Skin: Negative for injury, rash, and discoloration, petechia or purpura. Neuro: Negative for headache, weakness, numbness, tingling, and seizure. Constitutional: Positive for coughing, fever, Negative for body aches, chills, crying, fatigue, fussiness, acute pain. ENT: Positive for pulling at ears, rhinorrhea, sinus congestion. Negative for sore throat. Respiratory: Positive for cough, Negative for hemoptysis, shortness of breath, sputum production, wheezing.

#### Exam:

Print Time: 10 1-2019 13 06 10

22:44 rb

**Constitutional:** Well developed, well nourished child who is awake, alert and cooperative with no acute distress. Vitals of heart rate, respiratory rate, temperature, blood pressure and pulse ox reviewed. **Head/Face:** Normocephalic, atraumatic.

**Eyes:** Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema.

**Neck:** Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus.

Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits.

**Respiratory:** Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales, rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring.

### Physician Documentation Con't.

**Abdomen/GI:** Soft, non-tender with normal bowel sounds. No distension, tympany or bruits. No guarding, rebound or rigidity. No palpable masses or evidence of tenderness with thorough palpation.

Back: No spinal tenderness. No costovertebral tenderness. Full range of motion.

Skin: Warm and dry with excellent turgor, capillary refill <2 seconds. No cyanosis, pallor, rash or edema.

MS/ Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full, normal range of motion.

**Neuro:** Normal orientation, no altered LOC, no weakness, muscle strength 5/5 throughout, sensation in tact, no signs of meningitis.

Psych: Behavior, mood, response, and affect are appropriate for age.

Female GU: No CVA tenderness or bladder tenderness or distension.

**ENT:** External ear(s): are unremarkable, Ear canal(s): are normal, TM's: erythema, that is moderate, bilaterally, Nose: is normal, Mouth: is normal, no gum abnomalities. no lip abnormalities, no mucosal abnormalities, no tongue abnormalities, Posterior pharynx: is normal, airway is patent, no erythema, no exudate, no peritonsilar mass, no pooling of secretions, no swelling, Voice: is normal.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff
20:13			32	99.5(R)	98% on R/A	10.89 kg / 24 lbs 0 oz (M)	0/10	sd4
22:56		122	ا د.			· ·		cph

Glasgow Coma Score:

414434	11 001110 000101					
Time	Eye Response Verbal Response		Motor Response	Modifying Factors	Total	Staff
20:13	spontaneous(4)	oriented(5)	obeys commands(6)		15	sd4

#### MDM:

22:42 Patient medically screened.

rb rb

22:44

Differential diagnosis: bacterial infection, bronchitis, fever, pneumonia URI, viral Infection.

Data reviewed: vital signs, nurses notes, and as a result. I will discharge patient, Give prescription at discharge.

**Counseling:** I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

#### Disposition:

22:44 Electronically signed by: R. Brandhurst M.D. Disposition

rb

#### Disposition:

03/11/15 22:46 Discharged to Home/Self Care. Impression: Otitis Media, Upper Respiratory Infection (URI).

- · Condition is Stable.
- Discharge Instructions: Bronchitis, Ear Middle, Infection (Otitis Media), Child, Upper Respiratory Infection (URI),
   Child.
- · Prescriptions for

Amoxicillin 400 mg/5 mL Oral Suspension for Reconstitution

- take 6 milliliter by ORAL route every 12 hours for 10 days: 120 milliliter.

Benadryl 12.5 mg/5 mL Oral Elixir

- take 5 milliliter by ORAL route every 6 hours (10 kg): 100 milliliter.
- Follow up: Margaret Springer; When: 3 days; Reason: Recheck today's complaints, Or sooner if you get worse.

· Problem is new.

Name: Aaliyah

MRN: 1116206 Account#: K30878219

Print Time 10.1 2019 13 06:10 Page 2 of 3

### Physician Documentation Con't.

• Symptoms are unchanged.

Signatures:

Brandhurst, Roy. MD

MD rb

Hanson, Chenoa, RN

RN cph

David, Syndee, RN

RN sd4

MRN: 1116206 Account#: K30878219

Page 3 of 3

Print Time 10/1/2019 13 06:10

Name: Aaliyah

#### Page 1689 of 1758

Nurse's Notes

Name: Aalivah

Age: 1 yrs Sex: Female DOB: 10-01-2013

Arrival Date: 03/11/2015 Time: 19:57

Willis Knighton South

MRN: 1116206 Account#: K30878219

Private MD: Springer, Margaret,

Bed HB4 Presentation:

03/11 20:13 Method of Arrival: Carried.

20:13 Preferred language for medical communication is English. Presenting complaint: Mother states: fever and cough since yesterday. Person Transporting: Parent. Transition of care: patient was not received from another setting of care.

20:14 Acuity: 4 - Semi-Urgent.

sd4

sd4

sd4

**Triage Assessment:** 

20:13 General: Appears in no apparent distress, well developed, well nourished, Behavior is appropriate for age. Pain: level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10.

Historical:

· Allergies: No known drug Allergies;

Home Meds:

1. No Home Medications

• PMHx: premature at 27 weeks; NICU x 3 months

• PSHx: None

Historical:

22:23 Family history: No immediate family members cph are acutely ill. Immunization history: Childhood immunizations up to date.

22:43 The history from nurses notes was reviewed rb and confirmed. Family history: Father has/had no known health problems. Mother has/had hypertension. Social history: The patient lives with family the patient is a minor.

#### Screening:

20:13 Abuse screen:

sd4

Denies threats or abuse.

Patient fall risk assessment;

risks identified; is of toddler age, Intervention for positive screen: parent/caregiver holding child, teaching provided regarding fall risk, with verbalized understanding.

Learning Barriers:

age barrier identified, caregiver ready and willing to learn.

Exposure risk/Travel Screening: None identified. Has not been out of the country.

22:56 Pedi Fall Risk

cph

None Identified.

22:29 Pain: Denies pain. currently is 0 out of 10 on a pain scale. level that is acceptable is 0 out of 10 on a pain scale. General: Appears well developed, well nourished, well groomed, Behavior is cooperative, appropriate for age, pleasant, mobility, ambulates without assistance. Neuro: Level of Consciousness is alert, Oriented to person, place EENT: Nares with drainage noted bilaterally Oral mucosa is moist. Cardiovascular: Capillary refill < 3 seconds is brisk in bilateral fingers Heart tones S1 S2 present. Respiratory: Respiratory effort is even, unlabored, relaxed, Respiratory pattern is regular, symmetrical, Airway is patent Breath sounds with wheezes upon exhalation, in right lower lobe very faint wheezing noted. GI: Parent/caregiver reports the patient having normal bowel habits. Derm: Skin is intact, is healthy with good turgor, Skin is moist, Skin is normal, black. Injury Description: denies injury.

Vital Signs

Assessment:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff
20:13	,	13	32	99.5(R)	98% on R/A	10.89 kg / 24 lbs 0 oz (M)	0/10	sd4
22:56		122	,					cph

Vitals:

20:13 Acuity: 4 - Semi-Urgent.

22:56 Body Mass Index =

sd4

cph

#### Nurse's Notes Con't

Glasgow Coma	Score:
--------------	--------

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
20:13	spontaneous(4)	oriented(5)	obeys commands(6)		15	sd4

#### ED Course:

19:57 Patient arrived in ED.	ms2
19:57 Patient moved to KIOSK.	ms2
20:13 Springer, Margaret Ann, MD is Private Physician.	sd4
20:17 Triage completed.	sd4
20:17 Patient moved to Waiting.	sd4
22:10 Patient moved to .HB4.	cph
22:11 Brandhurst, Roy, MD is Attending Physician.	rb
22:29 Patient/caregiver encouraged to voice any concerns. Bed in low position. Call light in reach. Instructed to call for assist when getting up, verbalized understanding. Patient has correct armband on for positive identification. Adult with patient.	cph
22:45 Springer, Margaret Ann, MD is Referral Physician.	rb
22:56 Hanson, Chenoa, RN is Primary Nurse.	cph
22:56 No procedures done that require assistance.	cph

#### **Administered Medications:**

No medications were administered

#### Outcome:

22:46 Discharge ordered by MD.

rb

22:56 Discharged to home, carried, with family. Discharge instructions given to Mother Instructed on discharge instructions, follow up and referral plans, medication usage, fever management, handwashing Demonstrated understanding of instructions, medications, Prescriptions given; 2. No questions or concerns expressed to me at discharge. No belongings were removed by WK staff. Medication reconcilliation form provided.

Med Effects: Effects of administered medications were addressed. Oxygen use: Oxygen use not applicable.

22:57 Electronic medical record closed.

cph

#### Signatures:

Print Time: 10/1/2019 14:22:08

Brandhurst, Roy, MD	MD	rh	Hanson, Chenoa, RN	RN	cph
Branunuist, Noy, MD	1911	, ,	•		
Scriptuser, MEDHOST		ms2	David, Syndee, RN	RN	sd4

Name: Aaliyah Account#: K30878219

Page 2 of 2

RUN DATE: 03 /15 RUN TIME: 2036 INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT



PAGE 1

RUN USER: ALVARM.AM

Name: L
Rm/Bd: Serv/Locn: ERS
Unit#: K000629604 Account#: K30878219

DOB: 10/01/13 Age: 1Y 05M Status: ER Sex: F EPI#: 000000001116206

> Last Update/ Acknowledgement:

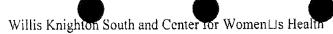
Interdisciplinary Assessment (Free Text), historical data:

Pharmacy Allerqy List (Coded Allerqies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

10/01/13 1Y 05M Brandhurst, Roy E M K30878219

03/11/15

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record



## Willis Knighton South

2510 Bert Kouns Industrial Loop Shreveport, LA 71118 318-212-5500

Discharge Instructions for:

03/11/15 19:57 **Arrival Date:** 03/11/15 22:46 Care Complete Time:

Brandhurst, Roy E M K30878219 03/11/15

Thank you for choosing Willis Knighton South for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Brandhurst, Roy, MD

Diagnosis:

Otitis Media; Upper Respiratory Infection (URI)

DISCHARGE INSTRUCTIONS	FORMS			
Bronchitis Ear - Middle, Infection (Otitis Media), Child Upper Respiratory Infection (URI), Child	None			
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS			
Springer, Margaret Ann (Pediatrics) When: 3 days; Reason: Recheck today's complaints, Or sooner if you get worse	Amoxicillin Benadryl			
SPECIAL NOTES				
Meds as prescribed, follow up PCP and ER if any	problems.			

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if

MRN # K000629604

**ED Physician or Nurse** 

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

**Chart Copy** 

## FOLLOW UP INSTRUCTIONS

Springer, Margaret Ann, MD (Pediatrics)

P.O. BOX 33932 SHREVEPORT 71130

318-675-6082 When: 3 days

Reason: Recheck today's complaints, Or sooner if you get worse



10/01/13 1Y 05M Brandhurst, Roy E M K30878219

ara te merm i wie mire meente a. war fe batte tant a met

03/11/15

#### **PRESCRIPTIONS**

Amoxicillin 400 mg/5 mL Oral Suspension for Reconstitution
Take 6 milliliter by ORAL route every 12 hours for 10 days; 120 milliliter

Benadryl 12.5 mg/5 mL Oral Elixir
Take 5 milliliter by ORAL route every 6 hours (10 kg); 100 milliliter

#### **TESTS AND PROCEDURES**

Labs

None

Rad

None

Procedures

None

Other

None











- ASSIGNMENT OF BENEFITS

  1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.
- 2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.
- 3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.
- 4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.
- 5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment. WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 03/11/15 Admission Time: 1957

AM3349 1 Page 1 of 2





10/01/13 Brandhurst, Roy E M.D. K30878219 03/11/15



Page 2 of 2









#### **ASSIGNMENT OF BENEFITS**

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one—third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

- 6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.
- 7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party hilling agents for hospital and staff physicians involved with patient care.
- 8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.
- 9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

ormed of my rights and vengation	p			
Date/Time Guarantor Print Name	Date/Time	Manya Maya	VINGA 1	3 Dated 15
, do	hereby state that I have been p	given the authority to sig	gn for	
-		ware of this authority,	Date/Time	
	Date/Fime Guarantor  Print Name	Date/Time  Date/Time  Date/Time  Print Name , do hereby state that I have been g either expressed or implied and that he or she is fully a  Authorized Party's Date/Time	Print Name  Print Name  , do hereby state that I have been given the authority to significant expressed or implied and that he or she is fully aware of this authority.  Authorized Party's Relationship to the Patient  Witness	Date/Time  Print Name

Brandhurst, Roy E M.D. K30878219 03/11/15

## WILLIS-KNIGHTON MEDICAL CENTER SHREVEPORT, LA

EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME:

ACCT. NO: K30791164

GUARANTOR: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

NEXT OF KIN: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

(318)210-3821 PHONE:

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER: CHILD

ADDRESS:

ARRIVED FROM: C

ATTENDING PHYS: Sullivan, Michael J M.D.

PHONE: ADMIT/OTHER PHYS:

PRIM CARE PHYS: UNKNOWN

NAME

POLICY #

GROUP #

HENEFIT PLAN

MEDICAID

PRIMARY INS: LA HLTHCARE CONN LA ME 1997286459512

SECONDARY INS: TERTIARY INS: FOURTH INS:

ACCT NO: K30791164

ROOM:

PATIENT

STATUS: REGER

02/13/15 DATE:

UNITH: K000629604

1119 TIME: SERV/LOC: ERS

F/C: MA SS#:

BIRTHDATE: 10/01/13 AGE: 1Y

ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

F SEX:

PHONE: (318)210-3821 COUNTY: CADDO PARISH

BLACK OR AFRICAN A RACE

RELIGION: NO RELIGION MARITAL STATE SINGLE

EMPLOYER: JOHNSON'S CARE

ADDRESS: 4038 MARRON PLACE

SHREVEPORT,LA 71109

ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

PERSON TO NOTIFY: ALEXANDER, JENNIFER

PHONE: (318)210-3821 (318)631-7714

RELATION: M

COMMENTS:

REASON FOR VISIT: COLD SYMPTOMS KNOWN DRUG ALLERGIES: NKDA

ADMIT CLERK: SAFFED2.A



### Physician Documentation

Name: Aaliyah

Age: 1 yrs Sex: Female DOB: 10/01/2013 Arrival Date: 02/13 2015 Time: 11:19

**Bed 11** 

Willis Knighton South

MRN: 1116206 Account#: K30791164

Private MD:

HPI:

02/13 This 16 months old Black Female presents to ED via Carried with complaints of Cold Symptoms.

ep ep

14:07 The patient presents to the emergency department with congestion, with nasal discharge. Onset: The symptoms/episode began/occurred yesterday. Associated signs and symptoms: The patient has no apparent associated signs or symptoms. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by nothing. Treatment prior to arrival: none. The patient has not experienced similar symptoms in the past, mother reports "wheezing".

#### Historical:

Allergies: No known drug Allergies;

Home Meds:

1. No Home Medications

PMHx: .NonePSHx: NoneHistorical:

12:39 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations jcm up to date, Last flu immunization: up to date. Social history: The patient lives at home with mother the patient is a minor.

14:07 The history from nurses notes was reviewed and confirmed.

ер

ep

#### ROS:

14:07 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned below. Constitutional: Negative for fever, chills, and weight loss, Eyes: negative for redness, discharge, vision changes, injury Neck: Negative for injury, pain, and swelling. Cardiovascular: Negative for chest pain, palpitations, and edema, Respiratory: Negative for shortness of breath, cough, wheezing, and pleuritic chest pain, Abdomen/GI: Negative for abdominal pain, nausea, vomiting, diarrhea, and constipation, Back: Negative for injury and pain, GU: Negative for injury, bleeding, discharge, and swelling, MS/Extremity: Negative for injury and deformity. Skin: Negative for injury, rash, and discoloration, Neuro: Negative for headache, weakness, numbness, tingling, and seizure. ENT: Negative for nose bleed, pulling at ears.

#### Exam:

14:07

Constitutional: Well developed, well nourished child who is awake, alert and cooperative with no acute distress.

Head/Face: Normocephalic, atraumatic.

**Eyes:** PERRLA, EOMI. Normal conjuctiva with no evidence of injection or discharge. Sclera are non-icteric. No gross corneal defects and anterior chambers appear normal by gross inspection.

**Neck:** Trachea midline, no cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

**Chest/axilla:** Normal symmetrical motion. No tenderness. No crepitus. No axillary masses or tenderness. **Cardiovascular:** Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs, no JVD. No pulse deficits.

**Respiratory:** Lungs have equal breath sounds bilaterally, clear to auscultation. No rales, rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring.

**Abdomen/GI:** Soft, non-tender with normal bowel sounds. No distension, tympany or bruits. No guarding, rebound or rigidity. No palpable masses or evidence of tenderness with thorough palpation. no hepatosplenamegaly

Back: No spinal tenderness. No costovertebral tenderness. Full range of motion.

### Physician Documentation Con't.

Skin: Warm and dry with excellent turgor, capillary refill <2 seconds. No cyanosis, pallor, rash or edema.

MS/ Extremity: no tenderness along the length of each extremity, FROM, no deformity

**Neuro:** awake, alert and attentive, moves all extremities, normal gait, age appropriate reflexes are normal, cranial nerves III through XII grossly intact.

**ENT:** External ear(s): are unremarkable, Ear canal(s): are normal. TM's: are normal. Nose: nasal drainage, that is moderate, and is seen coming from both nares, Posterior pharynx; is normal.

Vital Signs:

	3							·	
Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
11:28		1	7.	98.5(R)	98% on R/A	9.98 kg / 22	30 in. (76	0/10	jcm
			1			lbs 0 oz	cm)		

11:28 FLACC (infant-toddler)

jcm

Glasgow Coma Score:

	0.1. 0011.2 000101					
Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
11:22	spontaneous(4)	oriented(5)	obeys commands(6)		15	jcm

#### MDM:

13:55 Patient medically screened.

ер ер

14:07

Differential diagnosis: URI, viral Infection, rhinitis.

Data reviewed: vital signs, nurses notes, and as a result. I will discharge patient.

Data interpreted: Pulse oximetry: normal.

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

#### Disposition:

14:07 Electronically signed by: Edward Paul MD. Disposition. Chart complete.

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#### Disposition:

#### 02/13/15 14:09 Discharged to Home/Self Care. Impression: Rhinitis, Common Cold.

- · Condition is Stable.
- Discharge Instructions: Cold, Common, Child.
- Follow up: Private Physician; When: Next week: Reason: Recheck today's complaints.
- · Problem is new.
- · Symptoms are unchanged.

Signatures:

Paul, Edward, MD MD ep Mathews, Janet, RN RN jcm

Gardner, Glyn, RN RN dgg

MRN: 1116206 Account#: K30791164

Page 2 of 2

Print Time 10/1/2019/13/07:54

Name: Aaliyah

Nurse's Notes

Name: Aaliyah

Age: 1 yrs Sex: Female DOB: 10 01/2013 Arrival Date: 02/13 2015 Time: 11:19

Bed 11

Willis Knighton South

MRN: 1116206 Account#: K30791164

Private MD:

#### Presentation:

02/13 11:22 Method of Arrival: Carried. jcm

11:22 Preferred language for medical communication is English. Presenting complaint: Mother states: Coughing and stuffy nose since yesterday. She been wheezing. Person Transporting: Parent. Transition of care: patient was not received from another setting of care.

jcm

11:31 Acuity: 4 - Semi-Urgent.

jcm

#### Triage Assessment:

11:22 **General:** Appears in no apparent distress, well developed, well nourished. well groomed, Behavior is cooperative, appropriate for age. quiet, mobility; ambulates without assistance Reports fever for 0-12 hours. **Pain:** level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs. Activity, Cry, Consolability scale score is 0 out of 10.

#### Historical:

• Allergies: No known drug Allergies;

Home Meds:

1. No Home Medications

PMHx: NonePSHx: NoneHistorical:

12:39 Family history: No immediate family members jcm are acutely ill. Immunization history: Childhood immunizations up to date, Last flu immunization: up to date. Social history: The patient lives at home with mother the patient is a minor.

14:07 The history from nurses notes was reviewed epand confirmed.

#### Screening:

11:22 Abuse screen:

jcm

there are no obvious signs of child abuse.

Patient fall risk assessment;

risks identified; is of toddler age, Intervention for positive screen: parent/caregiver holding child, teaching provided regarding fall risk, with verbalized understanding.

Learning Barriers:

age barrier identified, caregiver ready and willing to learn.

Pedi Fall Risk
None Identified.

Exposure risk/Travel Screening:

None identified.

#### Assessment:

12:40 Pain: level that is acceptable is 0 out of 10 on a pain scale. Faces. Legs, Activity, Cry, Consolability scale score is 0 out of 10. General: Appears in no apparent distress, well developed, well nourished. Behavior is cooperative, appropriate for age, quiet, mobility; ambulates without assistance Denies fever. Neuro: Level of Consciousness is alert, awake, Oriented to person. EENT: Parent/caregiver reports the patient having nasal congestion nasal discharge that is watery. Respiratory: Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical, Airway is patent Trachea midline Breath sounds are clear bilaterally, upper airway slight wheezing sound with inspiration. GI: Parent/caregiver reports the patient having normal bowel habits. GU: Parent/caregiver report the patient having normal urinary habits. Derm: Skin is healthy with good turgor. Musculoskeletal: No deficits noted. Age appropriate behavior- Toddler (12 months to 4 yrs): non-autonomy -clings to parent, minimal language skills, fears pain, safety concerns.

Vital Signs:

Time	r	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
11:28		1 -	45	98.5(R)	98% on R/A	9.98 kg / 22	30 in. (76	0/10	jcm
				·		lbs 0 oz	cm)		

11:28 FLACC (infant-toddler)

jcm

Vitals:

11:28 Acuity: 4 - Semi-Urgent.

jcm

### Nurse's Notes Con't

12:40 Body Mass Index = 17.28.

jcm

Glasgow Coma Score:	GI	aso	ow	Coma	Score:	
---------------------	----	-----	----	------	--------	--

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
11:22	spontaneous(4)	oriented(5)	obeys commands(6)		15	jcm

	_	
EΠ	Cou	rea.
	$\sim$	130.

11:19 Patient arrived in ED.	ms2
11:19 Patient moved to KIOSK.	ms2
11:31 Triage completed.	jcm
11:31 Patient moved to Waiting.	jcm
12:37 Patient moved to 11.	smc
12:40 No apparent distress. playing. Awaiting ED physician evaluation. ER nurse to see patient.	jcm
12:40 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Call light in reach. Instructed to call for assist when getting up, verbalized understanding. Patient has correct armband on for positive identification. Adult with patient.	jcm
12:40 No procedures done that require assistance.	jcm
13:20 Paul, Edward, MD is Attending Physician.	ер
14:15 Gardner, Glyn, RN is Primary Nurse.	dgg

#### **Administered Medications:**

No medications were administered

#### Outcome:

Outcome.	
14:09 Discharge ordered by MD.	ер
14:15 Discharged to home, carried. Patient left prior to receiving discharge instructions. No belongings were	dgg
removed by WK staff. Medication reconcilliation form provided. Med Effects: Patient recieved no	
medications during this visit. Oxygen use: Oxygen use not applicable.	
14:16 Electronic medical record closed.	dgg

#### Signatures:

Print Time, 10/1 2019 13:08:25

<del></del>					
Clinger, Steven, RN	RN	smc	Paul, Edward, MD	MD	ер
Mathews, Janet, RN	RN	jcm	Gardner, Glyn, RN	RN	dgg
Scriptuser, MEDHOST		ms2			

Name: Aaliyah MRN: 1116206
Account#: K30791164

Page 2 of 2

Page 1701 of 1758

RUN DATE: 0 RUN TIME: 1135 RUN USER: SAFFED2.AM

ith \*ADMISSION llis Knighton INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name:

Serv/Locn: ERS Rm/Bd: Account#: K30791164 Unit#: K000629604

DOB: 10/01/13 Age: 1Y 04M Status: ER Sex: F EPI#: 00000001116206

> Last Update/ Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record





## Willis Knighton South

2510 Bert Kouns Industrial Loop Shreveport, LA 71118 318-212-5500

Discharge Instructions for:

Arrival Date:

02/13/15 11:19 02/13/15 14:09

Care Complete Time:

Thank you for choosing Wills Knighton South for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by:

Paul, Edward, MD

Diagnosis:

Rhinitis, Common Cold

DISCHARGE INSTRUCTIONS	FORMS				
Cold, Common, Child	None				
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS				
Private Physician When: Next week; Reason: Recheck today's complaints	None				
SPECIAL NOTES					
None					

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).

Aaliyah K000629604

ED Physician or Nurse

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

**Chart Copy** 

HENDERSON TY UNIT L 10/01/13 TY UNIT T · 6:

# FOLLOW UP INSTRUCTIONS

Private Physician When: Next week

Reason: Recheck today's complaints

## TESTS AND PROCEDURES

Labs None

Rad None

Procedures None

Other None

HENDERSON TY 02M L 17 02M 17 02M Sullivan, Michael J 02/13/15 K30791164













- ASSIGNMENT OF BENEFITS

  1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations. laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.
- 2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any
- 3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.
- 4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.
- 5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf, In consideration for this appointment. WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hercunder. In the event that all Indebtedness has been paid

Admission Date: 02/13/15

Admission Time: 1119

AM3349 1 Page 1 of 2





10/01/13 Sullivan, Michael J M.D. K30791164 02/13/15











#### ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection. Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one—third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

- 6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense. I will be responsible to said physicians for payment of the entire bill.
- 7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.
- 8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.
- 9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

Committee Approved 12/13/2013

Page 2 of 2

I acknowledge that I have been h	mornied of my rights and obit	suttons us a pa				
XBULLAN Signature of Portion Guardian  XUENTER A Lexade  Print Name	Date/Time X3 Guara		Date/Time	Donielle	Soffel Name	<u> 2/1</u> Date
If Patient/Guarantor is unable to sign, I,	, either expressed o			even the authority to sig	n for	
Signature of Authorized Party	Authorized Party's Relationship to the Patient	Date/Time		Witness	Date/Time	
Admission Date: 02/13/15 Admission Time: 1119 AM3349_2 Revised 10/01/2013	AM0005					

10/01/13

Sullivan, Michael J M.D. K30791164 02/13/15

#### WILLIS-KNIGHTON MEDICAL CENTER SHREVEPORT, LA

EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME:

ACCT. NO: K30642359

GUARANTOR: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

NEXT OF KIN: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET SHREVEPORT,LA 71107

(318)210-3821 PHONE:

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER: CHILD

ADDRESS:

PHONE:

ARRIVED FROM: C

ATTENDING PHYS: Easterling, David R M.D.

ADMIT/OTHER PHYS:

PRIM CARE PHYS: UNKNOWN

NAME

POLICY #

GROUP #

BENEFIT PLAN

PRIMARY INS: LA HLTHCARE CONN LA ME

1997286459512

MEDICAID

SECONDARY INS: TERTIARY INS: FOURTH INS:

ACCT NO: K30642359

ROOM:

STATUS: REGER

DATE:

01/02/15

UNIT#: K000629604

TIME:

1044

1Y

F/C: MA

SERV/LOC: ERS

BIRTHDATE: 10/01/13

SS#:

PATIENT.

ADDRESS: 2247 LEGARDY STREET

SHREVEPORT, LA 71107

PHONE: (318)210-3821

COUNTY: CADDO PARISH

AGE: SEX:

BLACK OR AFRICAN A

RACE

RELIGION: NO RELIGION MARITAL STAT: SINGLE

EMPLOYER: JOHNSON'S CARE

ADDRESS: 4038 MARHON PLACE SHREVEPORT, LA 71109

(318)631-7714

PERSON TO NOTIFY: ALEXANDER, JENNIFER

ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

PHONE: (318)210-3821

RELATION: M

COMMENTS:

REASON FOR VISIT: COLD SYMPTOMS KNOWN DRUG ALLERGIES: NKDA

ADMIT CLERK: HARTJ.AM

#### Physician Documentation

Name: Aaliyah

Age: 1 yrs Sex: Female DOB: 10/01/2013 Arrival Date: 01/02/2015 Time: 10:44

Bed 8

Willis Knighton South

MRN: 1116206 Account#: K30642359

Private MD: Springer, Margaret, Ann

#### HPI:

 $\frac{01/02}{11.53}$  This 15 months old Black Female presents to ED via Carried with complaints of <u>Cold Symptoms</u>.

kd2

11:53 The patient presents to the emergency department with cough, that is constant, fever, with an emergency department temperature of 99.6 degrees Fahrenheit, rhinorrhea, wheezing. Onset: The symptoms/episode began/occurred 2 day(s) ago. Associated signs and symptoms: Pertinent positives: cough, fever, nasal discharge, wheezing, Pertinent negatives: congestion, diarrhea, seizure, shortness of breath, vomiting. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by nothing. Treatment prior to arrival: none. The patient has not experienced similar symptoms in the past. The patient has not recently seen a physician.

#### Historical:

· Allergies: No known drug Allergies;

Home Meds:

1. No Home MedicationsPMHx: born at 27 weeks

• PSHx: None Historical:

11:45 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations smc up to date. Social history: The patient lives at home with family the patient is a minor. Code Status: Full code.

11:53 History obtained from mother. The history from nurses notes was reviewed and confirmed.

kd2

#### ROS:

12:01 Eyes: Negative for injury, pain, redness, and discharge, Neck: Negative for injury, pain, and swelling, stiffness Cardiovascular: Negative for chest pain and edema Abdomen/GI: Negative for abdominal pain, nausea, vomiting, diarrhea, distention, and constipation. Back: Negative for injury and pain, no deformity GU: Negative for injury, bleeding, discharge, and swelling. MS/Extremity: Negative for pain, injury and deformity, Skin: Negative for injury, rash, and discoloration, Neuro: Negative for headache, weakness, numbness, tingling, and seizure, Psych: Negative for delusions, awake and oriented.

12:01 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned kd2 below. **Constitutional:** Positive for coughing, fever. Negative for obvious distress, poor PO intake, shortness of breath, vomiting. **ENT:** Positive for nasal discharge, rhinorrhea, Negative for nose bleed, pulling at ears, **Respiratory:** Positive for cough, "sounds productive", wheezing.

## Exam: 12:01

Head/Face: Normocephalic, atraumatic.

kd2

**Eyes:** Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema.

**ENT:** Nares patent. No nasal discharge, no septal abnormalities noted. Tympanic membranes are normal and external auditory canals are clear. Oropharynx with no redness, swelling, or masses, exudates, or evidence of obstruction, uvula midline. Mucous membrane

**Neck:** Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

Chest/axilla: Normal chest wall appearance and motion. Nontender, no deformity. No lesions appreciated. No axillary lymphadenopathy

Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits.

### Physician Documentation Con't.

**Respiratory:** Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales, rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring.

**Abdomen/GI:** Soft, nontender, nondistended, no mass, no hepatosplenomegaly. No rebound or guarding. Bowel sounds present all quadrants. No hernia noted

**Back:** Normal inspetion with no obvious deformity. No spinal or CVA tenderness. Normal ROM without pain **Skin:** Warm, dry with normal turgor. Normal color with no rashes, pallor, or cellulitis

MS/ Extremity: Pulses equal. No clubbing, cyanosis, or edema. Neuro vascular intact. Full range of motion without pain

**Neuro:** Awake or easily awakened, alert, makes good eye contact, age appropriate reflexes, good tone, easily consolable

Psych: Behavior, mood, response, and affect are appropriate for age. No delusions

Female GU: No CVA tenderness, bladder non-distended, non-tender.

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted, awake, alert, well developed, well hydrated, well nourished, non-diaphoretic, non-toxic, afebrile.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
10:55		٠		99.6(R)	97% on R/A	9.19 kg / 20	28 in. (71		alt1
				, ,		lbs 4 oz	cm)		

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
10:55	spontaneous(4)	oriented(5)	obeys commands(6)		15	alt1

#### MDM:

12:00 Patient medically screened.

dre kd2

12:01

**Data reviewed:** vital signs, nurses notes, and as a result, I will continue to observe the patient. **Counseling:** I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

12:16

dre

**Differential diagnosis:** bacterial infection, bronchitis, fever, gastroenteritis, meningitis, pneumonia URI, UTI, viral Infection. I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

#### Disposition:

12:01 This chart was scribed by Day, Kalea, Scribe, in the presence of David Easterling MD.

kd2

12:16 Electronically signed by: David Easterling, M.D. Disposition.

dre

#### Disposition:

### 01/02/15 12:17 Discharged to Home/Self Care. Impression: Upper Respiratory Infection (URI).

- Condition is Stable.
- Discharge Instructions: Upper Respiratory Infection (URI), Child.
- · Prescriptions for

Orapred 15 mg/5 mL Oral Solution

- take 4 milliliter by ORAL route once daily for 5 days: 20 milliliter.
- Follow up: Margaret Springer; When: First of next week; Reason: Recheck today's complaints.

Name: Aaliyah Account#: K30642359

Print Time: 10/1 2019 13 (19.43)
Page 2 of 3

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### Physician Documentation Con't.

- · Problem is new.
- Symptoms are unchanged.

Signatures:

Clinger, Steven, RN

RN smc Easterling, David, MD

MD dre

Tomlinson, Amy, RN

RN alt1 Day. Kalea, Scribe

Scribe kd2

Name: Aaliyah

Print Time: 10/1/2019 13/09/43

MRN: 1116206 Account#: K30642359

Page 3 of 3

#### Page 1710 of 1758

Nurse's Notes

Name: Aalivah

Age: 1 yrs Sex: Female DOB: 10/01/2013

Arrival Date: 01 02 2015 Time: 10:44

Willis Knighton South

MRN: 1116206 Account#: K30642359

Private MD: Springer, Margaret,

Red 8

Presentation:

01/02 40-55 Method of Arrival: Carried.

10:55 Preferred language for medical communication is English. Presenting complaint: Mother states: "Cold, fever, alt1 wheezing, like it sounds like a cold rattling with her breathing". Person Transporting: Parent. Transition of care: patient was not received from another setting of care. Care prior to arrival: None.

11:00 Acuity: 4 - Semi-Urgent.

alt1

alt1

Triage Assessment:

10:55 General: Appears in no apparent distress, well developed, well nourished, well groomed. Behavior is appropriate for age, quiet. Pain: Faces, Legs. Activity, Cry, Consolability scale score is 0 out of 10.

alt1

Historical:

Allergies: No known drug Allergies;

Home Meds:

1. No Home Medications

PMHx: born at 27 weeks

PSHx: None

Historical:

11:45 Family history: No immediate family members smc are acutely ill. Immunization history: Childhood immunizations up to date. Social history: The patient lives at home with family the patient is a minor. Code Status: Full code.

11:53 History obtained from mother. The history from nurses notes was reviewed and confirmed.

kd2

Screening:

10:55 Abuse screen:

alt1

there are no obvious signs of child abuse.

Patient fall risk assessment;

risks identified; None. Learning Barriers:

No barriers to teaching and learning identified.

Pedi Fall Risk None Identified. Exposure risk/Travel Screening: None identified.

#### Assessment:

11:46 Pain: level that is acceptable is 0 out of 10 on a pain scale. Faces. Legs, Activity, Cry, Consolability scale smc score is 0 out of 10. General: Appears well developed, well nourished, well groomed, Behavior is appropriate for age. General: Reports fever for. Neuro: Level of Consciousness is alert, awake. EENT: Parent/caregiver reports the patient having nasal congestion nasal discharge that is watery. Cardiovascular: Capillary refill < 3 seconds is brisk in bilateral fingers. Respiratory: Respiratory effort is even, unlabored. Respiratory pattern is regular, symmetrical, Airway is patent Breath sounds are clear bilaterally. Parent/caregiver reports the patient having cough that is. GI: Parent/caregiver reports the patient having normal bowel habits. GU: Parent/caregiver report the patient having normal urinary habits. Derm: Skin is intact, is healthy with good turgor. Musculoskeletal: No deficits noted. Age appropriate behavior-Toddler (12 months to 4 yrs): autonomy-separate from parent, appropriate language skills, fears pain, safety concerns.

Vital Sinns

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
10:55		`.;		99.6(R)	97% on R/A	9.19 kg / 20	28 in. (71		alt1
				` .		lbs 4 oz	cm)		

Vitals:

10:55 Acuity: 4 - Semi-Urgent.

Print Time: 10/1/2019 13:10:00

12:33 Body Mass Index = 18.23.

alt1

smc

#### Nurse's Notes Con't

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
10:55	spontaneous(4)	oriented(5)	obeys commands(6)		15	alt1

#### FD Course:

ED Course:	
10:44 Patient arrived in ED.	ms2
10:44 Patient moved to KIOSK.	ms2
10:55 Springer, Margaret Ann, MD is Private Physician.	alt1
11:00 Triage completed.	alt1
11:00 Patient moved to Waiting.	alt1
11:41 Patient moved to 8.	smc
11:45 Patient/caregiver encouraged to voice any concerns. Side rails up X 1, Bed in low position. Call light in reach. Instructed to call for assist when getting up, verbalized understanding. Patient has correct armband on for positive identification. Adult with patient. Child being held by parent.	smc
11:47 Easterling, David, MD is Attending Physician.	dre
12:03 Gardner, Glyn, RN is Primary Nurse.	dgg
12:03 No apparent distress.	dgg
12:17 Springer, Margaret Ann, MD is Referral Physician.	dre
12:33 No procedures done that require assistance.	smc

#### **Administered Medications:**

No medications were administered

#### Outcome:

12:17 Discharge ordered by MD.

dre smc

12:32 Discharged to home, carried, with family. Discharge instructions given to family, Instructed on discharge instructions, follow up and referral plans, medication usage. Demonstrated understanding of instructions, medications, Prescriptions given; 1, No questions or concerns expressed to me at discharge. Medication reconcilliation form provided. Med Effects: Patient recieved no medications during this visit. Oxygen use: Oxygen use not applicable.

12:33 Electronic medical record closed.

smc

#### Signatures:

Clinger, Steven, RN	RN smc	Easterling, David, MD	MD dre
Gardner, Glyn, RN	RN dgg	Scriptuser, MEDHOST	ms2
Tomlinson, Amy. RN	RN alt1	Day, Kalea, Scribe	Scribe kd2

Name: Aaliyah Account#: K30642359

Print Time: 10/1/2019 13 10:00 Page 2 of 2

## Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 287 of 333 Page D #:

RUN DATE: 01 RUN TIME: 1104

llis Knighton ath \*ADMISSION INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

RUN USER: HARTJ.AM

Unit#: K000629604

Name: L Rm/Bd:

Serv/Locn: ERS Account#: K30642359 DOB: 10/01/13

Age: 1Y 03M

Sex: F Status: ER EPI#: 000000001116206

Last Update/

Acknowledgement:

Interdisciplinary Assessment (Free Text), bistorical data:

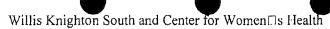
Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record

> 1Y 03M 10/01/13 Easterling, David R

K30642359

01/02/15



## Willis Knighton South

2510 Bert Kouns Industrial Loop Shreveport, LA 71118 318-212-5500

Discharge Instructions for:

Arrival Date: 01/02/15 10:44
Care Complete Time: 01/02/15 12:17

Thank you for choosing Willis Knighton South for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Easterling, David, MD

Diagnosis: Upper Respiratory Infection (URI)

DISCHARGE INSTRUCTIONS	FORMS			
Upper Respiratory Infection (URI), Child	None			
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS			
Springer, Margaret Ann (Pediatrics) When: First of next week; Reason: Recheck today's complaints	Orapred			
SPECIAL NOTES				
None				

Thereby acknowledge that I have received and understand the above instructions and prescriptions (if

Aanyah Henderson

MRN # K000629604

ED Physician or Nurse

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy

7AH I

even Chaper Rr

# FOLLOW UP INSTRUCTIONS

Springer, Margaret Ann, MD (Pediatrics) P.O. BOX 33932 SHREVEPORT 71130 318-675-6082

When: First of next week

Reason: Recheck today's complaints

## **PRESCRIPTIONS**

Orapred 15 mg/5 mL Oral Solution
Take 4 milliliter by ORAL route once daily for 5 days; 20 milliliter

## **TESTS AND PROCEDURES**

Labs

None

Rad

None

**Procedures** 

None

Other

None

HENDERSON, AALIYAH L 10/01/13 1Y 03M 10/01/13, David R Easterling, David R K30642359







ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures. I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual

circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any

- 3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.
- 4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators,
- 5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage. WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indehtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment. WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 01/02/15 Admission Time: 1044

AM3349\_1 Page 1 of 2

10/01/13 Easterling, David R M.D. K30642359 01/02/15











### **ASSIGNMENT OF BENEFITS**

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one—third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

- 6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.
- 7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.
- 8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.
- 9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

| Compared to Patient/Guardian | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time

Admission Date: 01/02/15
Admission Time: 1044
AM3349\_2
Revised 10/01/2013
Committee Approved 12/13/2013
Page 2 of 2

AM0 0 0 5

10/01/13 1Y F Easterling, David R M.D. K30642359 01/02/15

## WILLIS-KNIGHTON MEDICAL CENTER SHREVEPORT, LA EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME:

ACCT. NO: K30385629

GUARANTOR: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET SHREVEPORT,LA 71107

NEXT OF KIN: ALEXANDER, JENNIFER ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

(318)210-3821 PHONE:

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER: CHILD

ADDRESS:

ARRIVED FROM: C

ATTENDING PHYS: Brandhurst, Roy E M.D.

ADMIT/OTHER PHYS:

PHONE:

PRIM CARE PHYS: UNKNOWN

BENEFIT PLAN GROUP # POLICY # NAME **MEDICAID** PRIMARY INS: LA HLTHCARE CONN LA ME 1997286459512

SECONDARY INS: TERTIARY INS: FOURTH INS:

ACCT NO: K30385629

ROOM:

STATUS: REGER

10/16/14 DATE: 1943 TIME: SERV/LOC: ERS

BIRTHDATE: 10/01/13

AGE:

UNIT#: K000629604

F/C: MA SS#:

PATIENT. ADDRESS: 2247 LEGARDY STREET

SHREVEPORT, LA 71107

PHONE: (318)210-3821

COUNTY: CADDO PARISH

SEX: RACE BLACK OR AFRICAN A

RELIGION: NO RELIGION MARITAL STAT: SINGLE

EMPLOYER: JOHNSON'S CARE ADDRESS: 4038 MARRON PLACE

SHREVEPORT,LA 71109

(318)631-7714

PERSON TO NOTIFY: ALEXANDER, JENNIFER

ADDRESS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

PHONE: (318)210-3821

RELATION: M

COMMENTS:

REASON FOR VISIT: COLD SYMPTOMS KNOWN DRUG ALLERGIES: NKDA

ADMIT CLERK: CROCKL1.A



## Physician Documentation

Name: Aaliyah

**Age:** 1 yrs **Sex:** Female **DOB:** 10/01/2013 **Arrival Date:** 10/16/2014 **Time:** 19:43

Bed 2

Willis Knighton South

MRN: 1116206 Account#: K30385629

Private MD: Springer, Margaret, Ann

### HPI:

10/16 This 12 months old Black Female presents to ED via Carried with complaints of Cold Symptoms.

kg2

kg2

22:54 The patient presents to the emergency department with congestion, cough, fever, with an emergency department temperature of 102.2 degrees Fahrenheit. Onset: The symptoms/episode began/occurred gradually, and became worse 2 day(s) ago. Associated signs and symptoms: Pertinent positives: congestion, cough, fever, Pertinent negatives: body aches, chest pain, constipation, diarrhea, dysuria, earache, headache, myalgias, nasal discharge, seizure, shortness of breath, sore throat, vomiting, wheezing. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by nothing. Treatment prior to arrival: none. The patient has experienced a previous episode. The patient has been recently seen at a Willis Knighton Emergency Department, a couple of weeks ago, rash and ear infection.

#### Historical:

Allergies: No known Allergies; No known drug Allergies;

. Home Meds:

1. No Home Medications

PMHx: .NonePSHx: NoneHistorical:

22:54 History obtained from mother. The history from nurses notes was reviewed and confirmed.

kq2

10/17 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations jr7 01:14 up to date.

#### ROS:

10/16 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned kg2 22:54 below. Eyes: Negative for injury, pain, redness, and discharge. Neck: Negative for injury, pain, and swelling, Cardiovascular: Negative for chest pain, palpitations, and edema, Abdomen/GI: Negative for abdominal pain, nausea, vomiting, diarrhea, and constipation. Back: Negative for injury and pain, GU: Negative for injury, bleeding, discharge, and swelling, MS/Extremity: Negative for injury and deformity, Skin: Negative for injury, rash. and discoloration, Neuro: Negative for headache, weakness, numbness, tingling, and seizure. Constitutional: Positive for coughing, fever, Negative for body aches, chills. chronic foley, fatigue, fussiness, malaise, acute pain, poor PO intake, shortness of breath, vomiting, weight loss. ENT: Positive for sinus congestion. Negative for ear pain, foreign body sensation of the ears, hearing loss, injury or acute deformity, difficulty handling secretions, difficulty swallowing, hoarseness, nasal discharge, nose bleed, pulling at ears, rhinorrhea, sinus pain, sore throat, tinnitus, dental pain. Respiratory: Positive for cough, Negative for dyspnea on exertion, hemoptysis, orthopnea, pleurisy, paroxysmal nocturnal dyspnea, shortness of breath, wheezing.

### Exam:

22:54 kg2

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted. awake, alert, well developed, well groomed, well hydrated, well nourished, non-diaphoretic, non-toxic, febrile. ENT: External ear(s): are unremarkable, no abrasion, no avulsion, no erythema, no laceration, no puncture, no cellulitis, no abscess, no swelling, no contusion, no pain with movement. Ear canal(s): are normal, clear, no abscess, no bleeding, no bloody discharge, no cerumen impaction, no erythema, no foreign body, no purulent discharge, no swelling, TM's: are normal, no evidence of bulging, no dullness, no erythema, no fluid levels, no hemotympanum, no rupture, Nose: is normal, no abrasion, no abscess, no bleeding, no clotted blood, no contusion, no drainage, no edema, no erythema, no laceration, no septal hematoma, no swelling, Mouth: is normal, no abscess, no drooling, no injury, no laceration, no lesion(s), no ulcerations, no mucosal abnormalities, Posterior pharynx: is normal, airway is patent, no erythema, no exudate, no peritonsilar mass,

no pooling of secretions, no swelling.

**Neck:** External neck: is nomal, no abrasions, no abscess, no cellulitis, no ecchymosis, no erythema, no laceration, no mass, no rash, no swelling, no tenderness, C-spine: appears grossly normal, no vertebral tenderness, no crepitus, JVD: is not appreciated. Thyroid: appears normal, no enlargement, no nodules, no tenderness. Trachea: is midline with no obvious abnormalities, ROM/movement: is normal, is supple, without pain, no range of motions limitations, no meningismus, no nuchal rigidity, Lymph nodes: no appreciated lymphadsenopathy.

22:56

kg2

Head/Face: Normocephalic, atraumatic.

Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Normal sclera. No evidence of conjunctivitis. Lids and lashes normal. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

Chest/axilla: Normal chest wall appearance and motion. Nontender, no deformity. No lesions appreciated. No axillary lymphadenopathy.

Cardiovascular: Regular rate and rhythm, normal S1. S2, no murmurs, gallops, or rubs. Normal PMI. No JVD. No pulse deficits.

**Abdomen/GI:** Soft, nontender, nondistended, no mass, no hepatosplenomegaly. No rebound or guarding. Bowel sounds present all guadrants. No hernia noted.

Back: Normal inspection with no obvious deformity. No spinal or CVA tenderness. Normal ROM without

Skin: Warm, dry with normal turgor. Normal color with no rashes, pallor, or cellulitis.

MS/ Extremity: Pulses equal. No clubbing, cyanosis, or edema. NVI, FROM without pain.

**Neuro:** Awake or easily awakened, alert, makes good eye contact, age appropriate reflexes, good tone, easily consolable.

**Respiratory:** the patient does not display signs of respiratory distress, Respirations: normal, no use of accessory muscles, no grunting, no evidence of nasal flaring, no appreciated paradoxical movements, no pursed lip breathing, no retractions, Breath sounds: are normal, clear throughout, no rales, rhonchi, no wheezing.

Vital Signs:

Time	В/Р	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff
20:11		1.11	32	102 2(R)	96% on R/A	8.28 kg / 18 lbs 4 oz (M)	0/10	jmh
23:07				98.8(R)				jh15
10/17 01:15				97.2(R)				jh15

Glasgow Coma Score:

Glasgo	W Collia Coole.				~~ <del>~~~~</del>	
Time	Eve Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
10/16	spontaneous(4)	oriented(5)	obeys commands(6)		15	jmh
20:11	•					

### MDM:

22:56

kg2

**Data reviewed:** vital signs, nurses notes, lab test result(s), radiologic studies, plain films, and as a result, I will continue to observe the patient, order radiologic study(s), plain X-ray(s), order laboratory test(s). **Data interpreted:** Pulse oximetry: normal. Interpretation: normal. on room air observed by me at the bedside is 96 %.

Test interpretation: by ED physician: plain radiologic studies.

**Counseling:** I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, lab results, radiology results, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

Name: Aaliyah Account#: K30385629

Print Time: 10/1/2019 13:11/05 Page 2 of 5

23:08 Patient medically screened.

dre dre

10/17

00:46 Differential diagnosis: bacterial infection, bronchitis, fever, gastroenteritis, meningitis, pneumonia URI, UTI, viral Infection. I personally performed the services described in this documentation as scribed in my

presence, and it is both accurate and complete.

Order	Status	Time	Ву	For		
Ibuprofen Suspension 10 mg/kg PO once: per weight dosing	Ordered	10/16/14 20:15	jmh	dre		
chart	Administered	10/16/14 20:17	jmh			
Notes:	Order Method: Verbal - Read back					
	Sign off: Easterlin	ng, David 10/16/14 22:5	6			
10/16/14 20:17 Administered: Ibuprofen Suspension 10	mg/kg PO			jmh		
10/16/14 23:07 Follow Up: Temp 98.8 Rectal; Response:	Temperature is decre	eased		jh15		
Order	Status	Time	Ву	For		
CBC With Diff	Ordered	10/16/14 22:56	dre	dre		
	Reviewed	10/17/14 00:45	David E	asterling		
Notes:	Order Method: E	lectronic		· · · · · · · · · · · · · · · · · · ·		
Interpretation: Normal.						
COLLECTED BY NURSE? (Y/N) (OELBCBN): No						
Ordering Location: ERNPC1.1						
Quantity 1: 1						
Order	Status	Time	Ву	For		
UA w/mic if indicated	Ordered	10/16/14 22:56	dre	dre		
	Reviewed	10/17/14 00:45	David E	asterling		
Notes:	Order Method: E	lectronic				
		4				
Interpretation: Appearance Cloudy.						
Order	Status	Time	Ву	For		
COLLECT URINE	Ordered	10/16/14 22:56	dre	dre		
	Completed	10/16/14 23:55	Justin I-	lall		
Notes:	Order Method: E	Electronic				
Order	Status	Time	Ву	For		
Blood Culture, Bacteria	Ordered	10/16/14 22:56	dre	dre		
2.000	In Process Unspecified	10/16/14 22:57	Dispato	her MedHost		
Notes:	Order Method: E	Electronic				
_						
COLLECTED BY NURSE? (Y/N) (OELBCBN): No						
Source (OEMICbId): Venipuncture						
Quantity or Number of Units: 1 unit						
Order	Status	Time	Ву	For		

Name: Aaliyah

MRN: 1116206 Account#: K30385629

Page 3 of 5

Call X-Ray Tech	Ordered	10/16/14 22:56	dre	dre				
	Completed	10/17/14 00:45	Justin Ha	all				
Notes:	Order Method: E	Order Method: Electronic						
Order	Status	Time	Ву	For				
Chest 2 View *routine*	Ordered	10/16/14 22:56	dre	dre				
	Returned	10/17/14 09:58	Dispatch	er MedHost				
Notes: Bed Name: 2	Order Method: E	Electronic						
			,					
Interpretation: Normal.								
ER EXAM ROOM/BED: (OERDERRMBD): 2	2							
MODE OF TRANSPORTATION : (OERDTRA	NS): STRETCHER							
O2: (OEADO2): No								
REASON FOR EXAM: (OERDEXAM): Cold	Symptoms							
Order	Status	Time	Ву	For				
VBC Differential, Manual	Ordered	10/16/14 23:16	EDMS					
	Reviewed	10/17/14 00:45	David Ea	sterling				
Notes:	Order Method:							
	Sign off:							
Interpretation: Normal Except: Monocytes 16								
Order	Status	Time	Ву	For				
MICROSCOPIC URINE	Ordered	10/17/14 00:31	EDMS					
	Reviewed	10/17/14 00:45	David Ea	asterling				
Notes:	Order Method:		·					
	Sign off:							
Interpretation: Normal Except: Mucous 3+; A	morphous Sed 2+; Red Blood Cells 4	-10.						
Order	Status	Time	Ву	For				
JRINE CLINITEST	Ordered	10/17/14 00:35	EDMS					
	Reviewed	10/17/14 00:45	David Ea	asterling				
Notes:	Order Method:							
	Sign off:							

## Order Signatures:

Easterling, David, MD MD dre Hartsell, Michael, RN MedHost, Dispatcher EDMS

sell, Michael, RN RN jmh

## Disposition:

10/16 This chart was scribed by Glenn, Kirra. in the presence of David Easterling MD.  $22.56\,$ 

kg2

 $\frac{10/17}{00:46}$  Electronically signed by: David Easterling, M.D. Disposition.

dre

### Disposition:

10/17/14 00:46 Discharged to Home/Self Care. Impression: Upper Respiratory Infection (URI), Fever.

Condition is Stable.

MRN: 1116206 Account#: K30385629

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Print Time 10/1 2019 13 11 05

Name: Aaliyah

# Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 297 of 3332 Page ID #: 1337

## Physician Documentation Con't.

- Discharge Instructions: Upper Respiratory Infection (URI), Child, Fever, Child (with Dosage Charts).
- Prescriptions for
  - Orapred 15 mg/5 mL Oral Solution
  - take 4 milliliter by ORAL route once daily for 5 days; 20 milliliter.
- Follow up: Margaret Springer; When: First of next week; Reason: Recheck today's complaints.
- · Problem is new.

Print Time 10/1/2019 13 11:05

· Symptoms are unchanged.

## Signatures:

Easterling, David, MD	MD	dre	Hartsell, Michael, RN	RN	jmh
Riggs, Jennifer. RN	RN	jr7	Glenn, Kirra, Scribe	Scribe	e kg2
Hall, Justin, RN	RN	jh15			

Name: Aaliyah MRN: 1116206
Account#: K30385629

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Nurse's Notes

Name: Aalivah

Age: 1 vrs Sex: Female DOB: 10-01 2013

Arrival Date: 10 16/2014 Time: 19:43

Willis Knighton South

MRN: 1116206 Account#: K30385629

Private MD: Springer, Margaret,

Bed 2

Presentation:

10/16 Method of Arrival: Carried.

20:11

jmh 20:11 Preferred language for medical communication is English. Presenting complaint: Mother states: she has been running a fever and shes been coughing with a stuffy nose. Person Transporting: Parent. Transition of care: patient was not received from another setting of care.

20:15 Acuity: 3 - Urgent.

imh

imh

Triage Assessment:

20:11 General: Appears in no apparent distress, well developed, well nourished, Behavior is cooperative, appropriate for age, pleasant, mobility; ambulates without assistance Reports fever for 2-3 days, feeling ill for 2-3 days. Denies. Pain: Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10.

jmh

imh

Historical:

· Allergies: No known Allergies; No known drug Allergies;

Home Meds:

1. No Home Medications

PMHx: .None PSHx: None Historical:

22:54 History obtained from mother. The history kg2 from nurses notes was reviewed and confirmed.

10/17 Family history: No immediate family members jr7 01:14 are acutely ill. Immunization history:

Childhood immunizations up to date.

Screening:

10/16 Abuse screen:

20:11 there are no obvious signs of child abuse.

Patient fall risk assessment;

risks identified; is of toddler age. Intervention for positive screen: parent/caregiver holding child, teaching provided regarding fall risk, with verbalized understanding.

Learning Barriers:

age barrier identified, caregiver ready and willing to learn, prefers oral and written instructions.

Pedi Fall Risk None Identified.

Exposure risk/Travel Screening:

None identified.

Assessment:

23:25 Pain: level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale jh15 score is 0 out of 10. General: Appears in no apparent distress, well developed, well nourished, well groomed, Behavior is cooperative, appropriate for age, quiet, Reports fever for 1-2 days. Neuro: Level of Consciousness is alert, awake, Oriented to person. EENT: Parent/caregiver reports the patient having nasal congestion since a couple of weeks ago nasal discharge that is watery. Respiratory: Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical, Airway is patent Denies shortness of breath at rest, labored breathing, air hunger, Parent/caregiver reports the patient having cough that is non-productive. GI: Denies constipation, diarrhea, Parent/caregiver reports the patient having normal bowel habits, decreased appetite for a couple of days. GU: Parent/caregiver report the patient having normal urinary habits. Age appropriate behavior- Toddler (12 months to 4 yrs): autonomy-separate from parent, minimal language skills, safety concerns.

Vital Signs:

Print Time: 10/1/2019 13 11 40

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff
20:11		• • =	32	102 2(R)	96% on R/A	8.28 kg / 18 lbs 4 oz (M)	0/10	jmh
23:07				98.8(R)				jh15
10/17				97.2(R)				jh15
01:15								

## Nurse's Notes Con't

Vitals:

10/16 20:11 Acuity: 3 - Urgent. jmh

10/17 01:14 Body Mass Index = 14.26.

jh15

Glasgow Coma Score:

~,u5g	W Collina Cocic.					
Time	Eve Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
10/16	spontaneous(4)	oriented(5)	obeys commands(6)		15	jmh
20:11	•					

#### **ED Course:**

ED Course:		
19:43 Patient arrived in ED.	ms2	
19:43 Patient moved to KIOSK.	ms2	
20:11 Springer, Margaret Ann, MD is Private Physician.	jmh	
20:18 Patient moved to Waiting.	jmh	
22:33 Hall, Justin, RN is Primary Nurse.	jh15	
22:33 Patient moved to 2.	jh15	
22:44 Easterling, David, MD is Attending Physician.	dre	
23:00 Patient moved to Radiology.	ks4	
23:00 Chest 2 View *routine* Sent.	ks4	
23:20 Patient moved to 2.	jat	
23:30 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Call light in reach. Patient has correct armband on for positive identification. Child being held by parent.	jh15	
23:54 Urine collected; I & O cath specimen. specimen labeled in the presence of the patient Sent per order to lab.  Quick cath inserted with aseptic technique 8 French. specimen obtained. Returned clear yellow urine.  Patient tolerated poorly.	jr7	
10/17 Notified ED physician of lab called to inform that because the urine collected was such a small amount, they 00:38 used it to run a micro and a clinitest and did not have enough for further testing. the clinitest came back positive, but lab is unable to confirm if this is glucose or not. more urine would be required for further testing. dr easterling informed.		
00:46 Springer, Margaret Ann, MD is Referral Physician.	dre	

Administered Medications:

01:16 No procedures done that require assistance.

Time	Drug & Dose  Lispensabi \ (aamtiry	Volume	Route	Rate	Infused Over	Site	Delivery	Staff
1 .	Ibuprofen Suspension 10 mg/kg		РО					jmh
20:17	Follow up: Temp 98.8 Rectal; Response: Temp	l erature i	s decre	ased	J			jh15

## Outcome:

10/17 00:46 Discharge ordered by MD.

01:15 Discharged to home, carried, with family. Discharge instructions given to family. Instructed on discharge jh15 instructions, follow up and referral plans, medication usage, fever management, handwashing Demonstrated

Name: Aaliyah

Print Time: 10/1 2019 13:11 40

MRN: 1116206 Account#: K30385629

Page 2 of 3

jh15

## Nurse's Notes Con't

understanding of instructions, medications, Prescriptions given: 1. No questions or concerns expressed to me at discharge. No belongings were removed by WK staff. **Medication reconcilliation form provided. Med Effects:** Effects of administered medications were addressed. **Oxygen use:** Oxygen use not applicable.

01:16 Electronic medical record closed.

jh15

## Signatures:

E-station D-vid MD	MD	dro	Hartsell. Michael, RN	RN imh
Easterling, David. MD	MD	dre	Hartsell. Michael, IVIV	
Scriptuser, MEDHOST		ms2	Riggs, Jennifer, RN	RN jr7
Torres, Jose		jat	Glenn, Kirra, Scribe	Scribe kg2
Griggs, Melissa, RN	RN	mg3	Stiles, Katie	ks4
Hall, Justin, RN	RN	jh15		

Name: Aaliyah Account#: K30385629

Print Time 10/1/2019 13 11.40 Page 3 of 3

# Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 301 of 333 PageID #:

RUN DATE: 10/01/19 RUN TIME: 1347 RUN USER: PARRM.HM Laboratory System \*Live\*

WKS Discharge Summary Report

PAGE 1

LOCATION

ACCT #: K30385629 LOC: ERS V #: K000629604 PATIENT: ROOM: REG: 10/16/14 AGE/SX: 1Y 00M/F REG DR: Easterling, David R M.D STATUS: DEP ER BED: DIS: URINALYSIS Day OCT 16 Date Reference Units 2355 Time . . . -(Yellow) (a) => Color (b) H (Clear) => Appearance (1.003-1.035)(c) => Sp Gravity (Negative) (d) => Glucose (Negative) => Bile (e) => Urine Clinitest (f) H (Negative) (g) (Negative) => Urine Ketones (Negative) => Occult Blood (h) (4.6-8.0)=> Urine pH (i) (Negative) (j) => Albumin (k) .... (0.2-1.0)mg/dL => Urobilinogen (Negative) (1)=> Nitrite (Negative) => Leuko Esterase (m) (None Seen) /lpf => Epithelial Cell Rare 3+ H (Negative) => Mucous (Negative) => Amorphous Sed 2+ H => White Bld Cells 0 - 4(<5) /hpf => Red Blood Cells 4-10 H (<4)/hpf /hpf => Bacteria Rare (None Seen) (None Seen) /hpf => Crystals (n) (a) Yellow NOTES: (b) Cloudy H Test not performed (c) QUANTITY NOT SUFFICIENT FOR RELIABLE EXAMINATION Test not performed (d) Test not performed (e) (f) 1/2 HPatient's Date of Birth (10/01/13) used for confirmation. Critical Value called by LISH'A BOND at 0037. Results were read back by MELISSA GRIGGS. (g) Test not performed (h) Test not performed (i) Test not performed (j) Test not performed (k) Test not performed (l)Test not performed Test not performed (m) None Seen (n) Unit#K000629604 Age/Sex: 1Y 00M/F Acct#K30385629 L Patient:

# Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 302 of 333 PageID #: 1342 Page 1727 of 1758

RUN DATE: 10/01/19 RUN TIME: 1347 RUN USER: PARRM.HM Laboratory System \*Live\*
WKS Discharge Summary Report

PAGE 2

LOCATION

Patient:	L	#K30385629	(Continued)	
		URINALYSIS Continued		
Day Date Time	1 OCT 16 2355		Reference	Units
=> Casts	(0)		(None Seen)	/lpf
NOTES: (0)	None Seen			
•				
Patient:	L	Age/Sex: 1Y 00M/	E Nagh#W2020562	9 Unit#K000629604

# Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 303 of 333 PageID #: 1343 Page 1728 of 1758

RUN DATE: 10/01/19 RUN TIME: 1347 RUN USER: PARRM.HM Laboratory System \*Live\*
WKS Discharge Summary Report

PAGE 3

## LOCATION

Patient:	L	#K30385629	(Continued)	
		HEMATOLOGY		
Day	1			····
Date Time	OCT 16 2302		Reference	Units
=> White Blood Cell => Red Blood Cell => Hemoglobin => Hematocrit => MCV => MCH => MCHC => RDW => Platelet Count => Neutrophils => Lymphocytes => Monocytes => Eosinophils => Lymphocytes # => Monocytes # => Eosinophils # => Segmented Neut => Monocytes => Monocytes => Basophils # => Segmented Neut => Lymphocytes => Monocytes => Seninophils # => Segmented Neut => Lymphocytes => Monocytes => Seninophils => Hypochromic => Microcytosis => Spherocytes => Schistocytes => Plt Estimate => Diff Comments  NOTES: (p) Occ/(r) NORM (s) Comm	1 9.4 5.01 11.9 35.8 71.4 L 23.7 L 33.2 13.8 253 7.1 35.2 42.3 19.4 H 2.8 0.3 3.3 4.0 1.8 0.3 0.0 31 48 16 H 1 1+ (p) (q) (r) (s)		(6.0-11.0) (3.7-6.0) (10.5-13.5) (33.0-40.0) (74.0-89.0) (27.1-34.2) (33.0-35.6) (Not Estab.) (130-351) (6.6-10.2) (Not Estab.)	10^9/L 10^6/uL g/dL fL pg g/dL % 10^3/uL 10^3/uL 10^9/L 10^3/uL 10^3/uL 10^3/uL 8 %
Patient:	L	Age/Sex: 1Y 00M/F	Acct#K30385629	Unit#K00062960

# Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 304 of 333 PageID #: 1344

RUN DATE: 10/01/19 RUN TIME: 1347 RUN USER: PARRM.HM Laboratory System \*Live\*
WKS Discharge Summary Report

PAGE 4

LOCATION

Patient:	L	#K30385629	(Continued)	
Source Blood				
> Culture, Blood		Final 10/23/14		
		NO GROWIH AT 5	DAYS	
				•
	т,	Ago/Say, IV 00M	/F Acct#K30385629	Unit#K000629604

# Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 305 of 333 PageID #: 1345

Patient Name:

Unit No: K000629604 SS#: 338-89-3614

Admitting Diagnosis:

EXAM# TYPE/EXAM

RESULT

001032640 XR/CHEST 2 VIEW \*ROUTINE\*

MODE OF TRANSPORTATION : STR - STRETCHER

02: N

REASON FOR EXAM: Cold Symptoms

Baby ID#:

REASON FOR EXAM: Cold Symptoms

TWO VIEW CHEST:

DICTATED TIME: 6:19 AM

INTERPRETIVE LOCATION: MAJESTE

Patient not positioned well limiting the study. Heart size appears normal. No obvious infiltrates or effusions.

IMPRESSION:

Grossly unremarkable study.

\*\* REPORT ELECTRONICALLY SIGNED 10/17/2014 (1531) \*\*

Reported By: D.MAJESTE, M.D. (ELEC.SIGN) WKS

Signed By: MAJESTE, DONALD

10/17/2014 1531

CC:

Transcribed Date/Time: 10/17/2014 (0958)

Transcriptionist: THOMAD.RD

Printed Date/Time: 10/03/2019 (1036) Tech: JOSE A. TORRES, KATIE N STILES,

PAGE 1 Signed Report Printed From PCI

WILLIS-KNIGHTON SOUTH
2510 BERT KOUNS INDUSTRIAL LOOP
SHREVEPORT, LOUISIANA 71118
A NOT FOR PROFIT HOSPITAL

SERVING THE ARK-LA-TEX SINCE 1925

Phys: Easterling, David R M.D. DOB: 10/01/2013 Age: 4Y 4M Sex: F Acct No: K30385629 Loc: UNK

Exam Date: 10/16/2014 Status: UNK

Radiology No:

#### 1346 Page 1731 of 1758

RUN DATE: 10,16/14

villis Knighton South \*ADMISSIONS INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT PAGE 1

RUN TIME: 2027

RUN USER: CROCKL1.AM

Name:

Rm/Bd: Unit#: K000629604

Serv/Locn: ERS Account#: K30385629 DOB: 10/01/13

Age: 1Y 00M

Sex: F Status: ER EPI#: 000000001116206

> Last Update/ Acknowledgement:

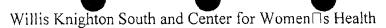
Interdisciplinary Assessment (Free Text), historical data:

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

HENDERSON, AALLIAAN 10/01/13 IY 00M 10/01/13 Roy E M Brandhurst, Roy E M 10/16/14

K30385629

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record



Willis Knighton South

2510 Bert Kouns Industrial Loop Shreveport, LA 71118 318-212-5500



10/01/13 1Y 00M Brandhurst, Roy E M K30385629

10/16/14

Discharge Instructions for:

Arrival Date: Care Complete Time: 10/16/14 19:43 10/17/14 00:46

Thank you for choosing Willis Knighton South for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by:

Easterling, David, MD

Diagnosis:

Upper Respiratory Infection (URI); Fever

DISCHARGE INSTRUCTIONS	FORMS
Upper Respiratory Infection (URI), Child	None
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Springer, Margaret Ann (Pediatrics) When: First of next week; Reason: Recheck today's complaints	Orapred
SPECIAL NOTES	
None	*

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).

Aaliyan Henderson MRN # K000629604 ED Physician or Nurse

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

**Chart Copy** 

# FOLLOW UP INSTRUCTIONS

Springer, Margaret Ann, MD (Pediatrics)

P.O. BOX 33932

SHREVEPORT 71130

318-675-6082

When: First of next week

Reason: Recheck today's complaints



## **PRESCRIPTIONS**

Orapred 15 mg/5 mL Oral Solution Take 4 milliliter by ORAL route once daily for 5 days; 20 milliliter

## **TESTS AND PROCEDURES**

Blood Culture, Bacteria, CBC With Diff, UA w/mic if indicated, WBC Differential, Manual, MICROSCOPIC URINE, URINE CLINITEST

### Rad

Chest 2 View \*routine\*

#### Procedures

Pulse ox interpretation

COLLECT URINE, Call X-Ray Tech









- ASSIGNMENT OF BENEFITS

  1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.
- 2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.
- 3. Valuables: I understand and acknowledge that the hospitul assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.
- 4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.
- 5. Payment Guaranty and Assignment of Insurance Benefus: 1, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment. WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to exoperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 10/16/14

Admission Time: 1943

AM3349\_1 Page 1 of 2





10/01/13 Brandhurst, Roy E M.D. K30385629 10/16/14









## **ASSIGNMENT OF BENEFITS**

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one—third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

- 6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.
- 7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.
- 8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.
- 9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

| Authorized Party | Authorized Party | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Da

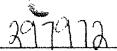
Admission Date: 10/16/14
Admission Time: 1943
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Revised 10/01/2013
Committee Approved 12/13/2013

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2000MA



10/01/13 1Y F Brandhurst, Roy E M.D. K30385629 10/16/14



## WILLIS-KNIGHTON MEDICAL CENTER SHREVEPORT, LA

EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME:

I HAPI L

A-1.1 1/0 K30299689

GUARANTOR: ALEXANDER JENNIFER

ADDRESS: 2247 LEGARDY STREET

SHREVEPORT.LA 71107

MINISS: 2247 LEGARDY STREET SHREVEPORT, LA 71107

MENT OF FIN: ALEXANDERJENNIFER

PHONE:

(318)210 3821

PH-1/R; (318)210-3821

BELATION: M

GUAR EMPLOYES: CHILD

ADDRESS:

PHONE:

ARRIVED PROM: C

WETTER HER PROS: Ferry, John J. M.O.

ADMIT OTHER PHYS:

PRIM TARE PHYS: UNKNOWN

NAME

PODLEY #

BENEFIT PLAN

PRIMARY 1985 LA HETHCARE CONNILA ME

1997286459512

MEDICAID

SECONDARY INDE

TERTIARY INS:

FOURTH INS:

ACCT NO: K30299689

ROOM:

STATUS: REGER

PATIENT:

ADDRESS; 2247 LEGARDY STREET

SHREVEPORT LA 71107

PHONE: (318)210-3821

COUNTY: CADDO PARISH

EMPLOYER: JOHNSON'S CARE

ADDRESS: 4038 MARRON PLACE

SHREVEPORTILA 71109

(318)631 7714

**G91**0 TIME

SERVICE LANS

TIM

09/23/14

RADY MA 30世-

BIR PMDATE: 10/01/13

ACCENT

DAPII

MEX

BLACK OH AFRICAN A PACE

RELIGION: NO RELIGION MARITAL STATE SINGLE

PERSON TO MULTIPLE ALEXANDER JENNIFER

ADDRESS: 2247 LEGARDY STREET

SHREVERORILA 7:107

F197125 - (319921) 3821

PFLATION: M

UKIT#: K000629604

COMMENTS: NO CARDS PRESENT

REASON FOR VISIT: BASH

KNOWN DRUG ALLERGIES: NKDA

ALMIT CHERK: ZIMMEC.AM

Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 312 of 333 PageID #: 1352

## Physician Documentation

Name: Aaliyah

Age: 0 yrs Sex: Female DOB: 10/01/2013 Arrival Date: 09/23/2014 Time: 09:10

Bed 8

Willis Knighton South

MRN: 1116206 Account#: K30299689

Private MD: Springer, Margaret, Ann

HPI:

 $\frac{09/23}{10:29}$  This 11 months old Black Female presents to ED via Carried with complaints of <u>Rash</u>.

ssm1

10:29 The patient's rash thought to be caused by an unknown cause. The rash is located on the body diffusely.

The rash can be described as "itchy bumpy rash". Onset: The symptoms/episode began/occurred yesterday. Associated signs and symptoms: Pertinent positives: itching, Pertinent negatives: fever, vomiting, wheezing. Severity of symptoms: At their worst the symptoms were moderate in the emergency department the symptoms are unchanged. Treatment given at home: none. The patient has not experienced similar symptoms in the past. Mother states pt was around another child that had a rash on Sunday.

#### Historical:

• Allergies: No known drug Allergies;

Home Meds:

1. No Home Medications

PMHx: .NonePSHx: NoneHistorical:

09:44 Family history: A friend's son has/had a rash. Immunization history: Childhood immunizations up to date. Social history: The patient lives at home with family the patient is a minor.

cm13

10:29 The history from nurses notes was reviewed and confirmed.

ssm1

#### ROS:

10:29 **Skin:** Positive for itching, rash. ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned below. **Eyes:** Negative for injury, pain, redness, and discharge, ENT Negative for injury, pain, and discharge, **Neck:** Negative for injury, pain, and swelling, **Cardiovascular:** Negative for edema, **Respiratory:** Negative for shortness of breath, and cough. **Abdomen/GI:** Negative for abdominal pain, nausea, vomiting, diarrhea, and constipation, **Back:** Negative for injury and pain, **GU:** Negative for injury, bleeding, discharge, and swelling. MS/Extremity Negative for injury and deformity, **Neuro:** Negative for weakness and seizure. **Constitutional:** Negative for body aches, chills, coughing, fatigue, fever, fussiness, acute pain, poor PO intake, shortness of breath, vomiting, weight loss.

# Exam: 10:29

Head/Face: Normocephalic, atraumatic, fontanelle open, soft, and flat.

ssm1

**Eyes:** Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema.

Neck: Trachea midline with no masses and no lymphadenopathy. No nuchal rigidity. No Meningismus. Supple. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axillae

Chest/axilla: Normal symmetrical motion. No tenderness. No crepitus. No axillary masses or tenderness. Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits.

Respiratory: Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales, rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring.

**Abdomen/GI:** Soft, non-tender with normal bowel sounds. No distension, tympany or bruits. No guarding, rebound or rigidity. No palpable masses or evidence of tenderness with thorough palpation. No Hernia. **Back:** No spinal tenderness. No costovertebral tenderness. Full range of motion.

MS/ Extremity: Pulses equal. no cyanosis. Neurovascular intact. Full, normal range of motion.

**Neuro:** Awake, alert. with age appropriate reflexes and responses to physical exam. Good muscle tone. **Constitutional:** The patient appears Blood pressure, pulse, respirations and temperature noted, awake, alert, well developed, well hydrated, non-toxic, afebrile.

**ENT:** External ear(s): are unremarkable. Ear canal(s): are normal, clear, TM's: erythema, that is marked, on the right, mild erythema on the left, Nose: nasal drainage, and is seen coming from both nares, crusted exudate Mouth: is normal, Posterior pharynx: is normal, airway is patent, no erythema, no exudate, no swelling.

**Skin:** Appearance: normal except for affected area. Color: pink, Temperature: warm, Moisture: dry, cellulitis, is not appreciated, lesion(s), are not present, rash a mild rash is noted, rash can be described as erythematous, papular, diffusely Turgor: is excellent.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
09:27		177	24	100.3(R)	99% on R/A	7.71 kg / 17 lbs 0 oz	26 in. (66 cm)	0/10	sh1
09:44			32						cm13
10:46		142	32						smc

Glasgow Coma Score:

Giasgo	W Coma Score.				,	<del></del>
Time	Eve Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
09:27	spontaneous(4)	coos, babbles(5)	spontaneous(6)		15	sh1

#### MDM:

10:29

ssm1

**Data reviewed:** vital signs, nurses notes, and as a result, I will discharge patient, Give prescription at discharge.

**Data interpreted:** Pulse oximetry: Interpretation: normal. on room air observed by me at the triage is 99 %. **Counseling:** I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

10:39 Patient medically screened.

jjf

21:34 I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete. I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

Disposition:

10:29 This chart was scribed by Matthews, Stephani, Scribe. in the presence of John Felty MD.

ssm1

21:34 Electronically signed by: John Felty MD. Electronically signed by: John Felty MD.

ijf

### Disposition:

09/23/14 10:39 Discharged to Home/Self Care. Impression: Otitis Media, Rash.

- · Condition is Stable.
- Discharge Instructions: Ear Middle, Infection (Otitis Media), Child, Fever, Child (with Dosage Charts), Rash, Generic.
- Prescriptions for

Zithromax 100 mg/5 ml Oral Suspension for Reconstitution

- take 3 milligram by ORAL route one time for 1 day then take (5mg/kg/day) 1.5 milliliters by oral route days 2.3.4.5; 9 milliliter.
- Follow up: Margaret Springer; When: First of next week; Reason: Recheck today's complaints, Or sooner if you get worse.
- · Problem is new.

Name: Aaliyah

Print Time: 10-1/2019 13 13 43

MRN: 1116206 Account#: K30299689

Page 2 of 3

· Symptoms are unchanged.

Signatures:

Clinger, Steven, RN

RN smc

Felty, John. MD

MD jjf

Hovingh, Sue, RN

RN sh1

Matthews, Stephani, Scribe

Scribe ssm1

McDaniel, Crystal, RN

RN cm13

MRN: 1116206 Account#: K30299689

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# 

Nurse's Notes

Name: Aaliyah

Age: 0 yrs Sex: Female DOB: 10/01/2013

Arrival Date: 09 23 2014 Time: 09:10

Willis Knighton South

MRN: 1116206 Account#: K30299689

Private MD: Springer, Margaret,

Ann

Bed 8

Presentation:

09/23 Method of Arrival: Carried.

09:27 Preferred language for medical communication is English. Presenting complaint: Mother states: she has this sh1 bumpy itchy rash all over her body it started yesterday. Person Transporting: Parent. Transition of care: patient was not received from another setting of care.

09:32 Acuity: 4 - Semi-Urgent.

sh1

sh1

Triage Assessment:

09:27 General: Appears in no apparent distress, well developed, well nourished, Behavior is cooperative. appropriate for age. Pain: Faces, Legs, Activity. Cry. Consolability scale score is 0 out of 10.

cm13

sh1

sh1

Historical:

· Allergies: No known drug Allergies;

· Home Meds:

1. No Home Medications

PMHx: .None PSHx: None Historical:

09:44 Family history: A friend's son has/had a rash . Immunization history: Childhood immunizations up to date. Social history: The patient lives at home with family the patient is a minor.

10:29 The history from nurses notes was reviewed ssm1 and confirmed.

Screening:

09:27 Abuse screen:

Denies threats or abuse.

Patient fall risk assessment;

risks identified: is an infant, Intervention for positive screen: parent/caregiver holding child, teaching provided regarding fall risk, with verbalized understanding.

Learning Barriers:

age barrier identified, caregiver ready and

willing to learn. Pedi Fall Risk None Identified.

Assessment:

09:44 Infant assessment: Birth complications: emergency C-section, Pregnancy complications: pre-eclampsia. cm13 Birth weight: 1 lb 9 oz. Patient is breast fed, bottle fed. Pain: level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry. Consolability scale score is 0 out of 10. General: Appears in no apparent distress, well developed, well nourished, Behavior is cooperative, appropriate for age, quiet, mobility: carried. Neuro: Level of Consciousness is alert, awake. Cardiovascular: Capillary refill < 3 seconds is brisk in bilateral fingers. Respiratory: Respiratory effort is even, unlabored. Respiratory pattern is regular, symmetrical, Airway is patent. GI: Denies diarrhea, vomiting. Derm: Rash noted that is red, raised, on face, back, buttocks, chest, abdomen, pelvis, right arm. left arm. right leg and left leg Parent/caregiver reports the patient having Rash since yesterday, "all over her body". Musculoskeletal: No deficits noted.

Vital Signs

vitai Signs:	·		T		n I 0	18/-:	Unimbt	Dain	Staff
Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Stan
09:27		177	24	100.3(R)	99% on R/A	7.71 kg / 17 lbs 0 oz	26 in. (66 cm)	0/10	sh1
09:44			32						cm13
10:46		142	32						smc

Vitals:

09:32 Acuity: 4 - Semi-Urgent.

sh1

Glasgow Coma Score:

Total State	0.00	gon coma com.				· · · · · · · · · · · · · · · · · · ·	
Time Eye Response Verbal Response Motor Response Mountying Factors Total State	Tim	e Eye Response	Verbal Response	Motor Response	Modifying Factors	Total St	aff

# Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 316 of 333 PageID #: 1356 Page 1741 of 1758

## Nurse's Notes Con't

09:27	spontaneous(4)	coos. babbles(5)	spontaneous(6)		1	5	sh1
ED Cou	irse.						
	Patient arrived in ED.						ms2
	Patient moved to KIOS	Κ.					ms2
		, MD is Private Physicia	ın.				sh1
	riage completed.	·					sh1
	Patient moved to Waitir	ng.					sh1
09:42 N	/icDaniel, Crystal, RN i	s Primary Nurse.					cm13
09:42 F	Patient moved to 8.						cm13
C	Patient/caregiver encou correct armband on for Noise minimized.	raged to voice any con positive identification. A	cerns. Bed in low position adult with patient. Child be	i. Call light in reach. Pation in the control in th	ent ha: r close	s d.	cm13
10:16 F	Felty. John, MD is Atter	nding Physician.					jjf
10:39	Springer, Margaret Ann	i, MD is Referral Physic	ian.				jjf
10:46	No procedures done th	at require assistance.					smc
	stered Medications: lications were administ	ered					
Outcon	ne:						
10:39 I	Discharge ordered by N	ИD.					jjf
; ; •	nstructions, follow up a	and referral plans, medic ons given; 1, No questic rovided. Med Effects:	narge instructions given to cation usage, Demonstrat ons or concerns expresse Patient recieved no medi	ed understanding of inst d to me at discharge. <b>M</b> e	ruction edicati	on	smc
	Electronic medical reco						smc
Cian-4	uroo!						
Signati	ures: r, Steven, RN	RN smo	Felty, John, MD		MD	jjf	
	h, Sue, RN	RN sh1	Scriptuser, MED	HOST		ms2	
•	ws, Stephani, Scribe	Scribe ssm			RN	cm13	3
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•				

Name: Aaliyal

Print Time 10/1 2019 13:14:03

MRN: 1116206 Account#: K30299689

Page 2 of 2

# Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 317 of 333 PageID #: 1357

RUN DATE: 09723/14 RUN TIME: 0934 Willia Enighton Forth \*ADMISSIONS
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

RUN'USER: ZIMMEC.AM

Unit#: K000629604

Rm/Bd:

Name: WAH 1.

Serv/Locn: ERS

Account#: K302996a9

DOB: 10/01/13 Status: ER Age: 11M 22D

Last Update/ Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

HENDERSON 11M 22D 10/01/13 11M 22D Felty, John J M.D. K30299689

09/23/14

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record

Willis Knighton South and Center for Women is Health

# Willis Knighton South

2510 Bert Kouns Industrial Loop Shreveport, LA 71118 318-212-5500

Discharge Instructions for:

09/23/14 09:10

**Arrival Date:** 

Care Complete Time:

09/23/14 10:39

Thank you for choosing Willis Knighton South for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by:

Felty, John, MD

Diagnosis:

Otitis Media: Rash

DISCHARGE INSTRUCTIONS	FORMS
Ear - Middle, Infection (Otitis Media), Child Fever, Child (with Dosage Charts) Rash, Generic	None
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Springer, Margaret Ann (Pediatrics) When, First of next week; Reason: Recheck today's complaints, Or sooner if you get worse	Zithromax
SPECIAL NOTES	
None	

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if

kaliyah Henderson

MRN # K000629604

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today

Chart Copy

09/23/14

## FOLLOW UP INSTRUCTIONS

Springer, Margaret Ann, MD (Pediatrics)

P.O. BOX 33932 SHREVEPORT 71130

318-675-6082

When: First of next week

Reason: Recheck today's complaints, Or sooner if you get worse

## **PRESCRIPTIONS**

Zithromax 100 mg/5 ml Oral Suspension for Reconstitution

Take 3 milligram by ORAL route one time for 1 day then take (5mg/kg/day) 1.5 milliliters by oral route days 2,3,4,5; 9 milliliter

### **TESTS AND PROCEDURES**

Labs

None

Rad

None

**Procedures** 

Pulse ox interpretation

Other

None

09/23/14



- ASSIGNMENT OF BENEFITS

  1. Hospital Care Consent: I/we consent to hospital services, freatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures. I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital cure and accept the condition of hospitalization listed.
- 2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party hilling agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind
- 3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located at the Business Office
- 4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.
- 5. Payment Guaranty and Assignment of Insurance Benefits: 1, the undersigned patient, guardian, and/or guarantor (heremafter "Debtor") hereby promise to pay in tull Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization thereinatter "Indebtedness" i. Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage. WKHS, in its sole discretion may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period in hospitalization and upon discharge as set forth hereinabove. Lacknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WRHS and in no way relieves me of the obligation to pay the hidebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment. WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives use to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. Thereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deterred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' tees and expenses for which Debtor may be hable hereunder. In the event that all Indebtedness has been paid

Admission Dale: 09/23/14

Admission Time 0910





10/01/13 11M Felty, John J M D. K30299689 09/23/14

AM3349\_1 Page 1 of 2



### **ASSIGNMENT OF BENEFITS**

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full torce and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one—third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to confact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

- 6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense. I will be responsible to said physicians for payment of the entire bill.
- 7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediatries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS in its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.
- 8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.
- 9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Bealthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. Lacknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

Signature of Patient Countries	Date/Fine A Const	- C - C	1314/1134 ( ] L	Money Works	9 <u>2314/</u> 93 Date/Time
Man Name		e de l'action de l	( )	Part Name	
B Patieng Guargister is unable to sign, is an		h hersey outers.	ard maker been begin block anto	ogalis, ha sagin laq	
	with expression	e tripliculations	or star is to be aware of the a	ह्मार्गः अस्य	
Signature of Authorized Parts	Authorized Parces Sautions at 163 to Parca	Paic'l In.	Witness	Oute/Time	
Admission Date 09/23/14	#		bii se wiwangka m bilah yanmen		

Admission Time: 09/23/14
Admission Time: 0910
AM3349 2
Accommittee Approved 12/13/2013
Page 2 of 2



HENDERSON IYAH L 10/01/13 11M F Felty. John J M.D. K30299689 09/23/14

## WILLIS-KNIGHTON MEDICAL CENTER SHREVEPORT, LA

EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME:

ACCT. NO: K29787082

GUARANTOR: 3011 KITTY LANE APT B SHREVEPORT, LA 71107 ADDRESS:

NEXT OF KIN: ALEXANDER, JENNIFER ADDRESS: 3011 KITTY LANE APT B SHREVEPORT, LA 71107

(318)210-3821 PHONE:

(318)210-3821 PHONE:

RELATION: M

GUAR EMPLOYER : CHILD

ADDRESS:

C ARRIVED FROM:

ATTENDING PHYS: Felly, John J M.D.

ADMIT/OTHER PHYS:

PHONE:

PRIM CARE PHYS: Springer, Margaret Ann M.D.

GROUP #

NAME

BENEFIT PLAN

PRIMARY INS: LA HLTHCARE CONN LA ME

1997286459512

POLICY #

**MEDICAID** 

SECONDARY INS: TERTIARY INS: FOURTH INS:

ACCT NO: K29787082

ROOM:

STATUS: REGER

04/21/14 DATE:

BIRTHDATE: 10/01/13

1300

UNIT#: K000629604

TIME: SERV/LOC: ERS F/C: MA SS#:

PATIENT ADDRESS: 3011 KITTY LANE APT B

SHREVEPORT, LA 71107

PHONE: (318)210-3821

RACE

AGE:

06M F

SEX:

**BLACK OR AFRICAN A** 

PERSON TO NOTIFY: ALEXANDER, JENNIFER

RELIGION: NO RELIGION MARITAL STAT: SINGLE

EMPLOYER: JOHNSON'S CARE

COUNTY: CADDO PARISH

ADDRESS: 4038 MARRON PLACE

SHREVEPORT, LA 71109

ADDRESS: 3011 KITTY LANE APT B SHREVEPORT, LA 71107

(318)631-7714

(318)210-3821 PHONE:

RELATION: M

COMMENTS:

REASON FOR VISIT: COLD SYMPTOMS KNOWN DRUG ALLERGIES: NKDA

ADMIT CLERK: HARTJAM



Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 323 of 333 PageID #: 1363

## Physician Documentation

Name: Aaliyah

Age: 0 yrs Sex: Female DOB: 10/01/2013 Arrival Date: 04/21/2014 Time: 13:00

**Bed** 16-A

Willis Knighton South

MRN: 1116206 Account#: K29787082

Private MD: Springer, Margaret, Ann

## HPI:

04/21 This 6 months old Black Female presents to ED via Carried with complaints of <u>Cold Symptoms</u>.

16:10 The patient presents to the emergency department with rhinorrhea, eye drainage.

klb2 klb2

klb2

16:11 Onset: The symptoms/episode began/occurred gradually. Associated signs and symptoms: Pertinent positives: nasal discharge, eye drainage. Pertinent negatives: constipation. cough, diarrhea, fever, seizure, shortness of breath, vomiting, wheezing. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by nothing. Treatment prior to arrival: acetaminophen. The patient has not experienced similar symptoms in the past. It is unknown whether or not the patient has recently seen a physician.

#### Historical:

· Allergies: No known drug Allergies;

Home Meds:

1. No Home MedicationsPMHx: nicu graduate

PSHx: None

### Historical:

15:54 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations dgg up to date.

16:11 The history from nurses notes was reviewed and confirmed.

klb2

klb2

### ROS:

16:11 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned below. Neck: Negative for injury, pain, and swelling, Cardiovascular: Negative for edema, Respiratory:
Negative for shortness of breath, and cough, Abdomen/GI: Negative for abdominal pain, nausea, vomiting, diarrhea, and constipation, Back: Negative for injury and pain, GU: Negative for injury, bleeding, discharge, and swelling, MS/Extremity Negative for injury and deformity, Skin: Negative for injury, rash, and discoloration, Neuro: Negative for weakness and seizure. Constitutional: Negative for chills, coughing, crying, fever, fussiness, malaise, obvious distress, acute pain, poor PO intake, shortness of breath, vomiting, weight loss. Eyes: Positive for discharge, redness, Negative for injury or acute deformity, icterus, photophobia, sunken appearance, swelling, visual disturbance, vision loss. ENT: Positive for rhinorrhea, Negative for difficulty swallowing, hoarseness, nose bleed, pulling at ears, sinus congestion.

#### Exam:

16:11

Head/Face: Normocephalic, atraumatic, fontanelle open, soft, and flat.

Neck: Trachea midline with no masses and no lymphadenopathy. No nuchal rigidity. No Meningismus.

Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

Chest/axilla: Normal symmetrical motion. No tenderness. No crepitus. No axillary masses or tenderness. Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops. murmurs, or rubs. Normal PMI, no JVD. No pulse deficits.

**Respiratory:** Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales, rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring.

**Abdomen/GI:** Soft, non-tender with normal bowel sounds. No distension, tympany or bruits. No guarding, rebound or rigidity. No palpable masses or evidence of tenderness with thorough palpation. No hernias noted. No hepatomegaly. No splenomegaly

Back: No spinal tenderness. No costovertebral tenderness. Full range of motion.

**Skin:** Warm and dry with excellent turgor. Capillary refill <2 seconds. No cyanosis, pallor, rash, or edema. **MS/ Extremity:** Pulses equal, no cyanosis. Neurovascular intact. Full, normal range of motion. Normal muscle tone. No joint abnormalities noted. Nails and digits normal

Neuro: Age appropriate reflexes and responses to physical exam. Good muscle tone.

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted. awake,

alert, well developed, well groomed, well nourished, pleasant, non-toxic, afebrile.

Eyes: Periorbital structures: appear normal, no abrasion, no cellulitis, no contusion, no ecchymosis, no erythema, Pupils: equal, round, and reactive to light, Extraocular movements: intact throughout. Conjunctiva: injected, in the left eye, Lids and lashes: drainage, from both eyes.

ENT: TM's: are normal, no evidence of bulging, no dullness, no erythema, no fluid levels, Nose: External nose: no obvious acute abnormality, nasal drainage, that is moderate, and is seen coming from both nares, that is clear, that is watery, Posterior pharynx: is normal, airway is patent, no erythema, no exudate, no peritonsilar mass.

21:11

jjf

Head/face: Fontanelle: is flat and non-distended. Neck: ROM/movement: is normal, no meningismus.

Respiratory: Respirations: normal, Breath sounds: are normal.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff
13:21		127	24	99.0	100% on R/A	5.53 kg / 12 lbs 3 oz	0/10	dr4
16:25			1: "					dgg

Glasgow Coma Score:

-,					·	· · · · · · · · · · · · · · · · · · ·
Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
13:21	spontaneous(4)	coos, babbles(5)	spontaneous(6)		15	dr4

#### MDM:

16:11

klb2

Data reviewed: vital signs, nurses notes, and as a result. I will Give prescription at discharge. Data interpreted: Pulse oximetry: observed by me at the triage is 100 %.

16:22 Patient medically screened.

jjf

jjf 21:11 I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete. I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

Order	Status	Time	Ву	For
Chest 2 View *routine*	Ordered	04/21/14 15:57	dgg	rb
	Returned	04/24/14 12:51	Dispato	her MedHost
Notes: Bed Name: 16-A	Order Method:	Verbal - Read back		
	Sign off: Felty,	John 04/21/14 16:22		
Interpretation: No infiltrates, pneumothorax o	r wide mediastinum.			
ER EXAM ROOM/BED: (OERDERRMBD):	16-A			
MODE OF TRANSPORTATION : (OERDTRA	.NS): STRETCHER			
O2: (OEADO2): No				
REASON FOR EXAM: (OERDEXAM): Cold	Symptoms			
Order	Status	Time	Ву	For
Call X-Ray Tech	Ordered	04/21/14 15:57	dgg	rb
•	Completed	04/21/14 16:02	Jacquel	ine Jennings
Notes:	Order Method:	Verbal - Read back		
	Sign off: Felty.	John 04/21/14 16:22		

Name: Aaliyah

MRN: 1116206 Account#: K29787082

Page 2 of 3

**Order Signatures:** 

Brandhurst, Roy, MD

MD rb

Gardner, Glyn. RN

RN dgg

Disposition:

16:11 This chart was scribed by Barlow, Kerri, Scribe, in the presence of John Felty MD.

klb2

21:11 Electronically signed by: John Felty MD. Electronically signed by: John Felty MD.

jjf

Disposition:

04/21/14 16:22 Discharged to Home/Self Care. Impression: Upper Respiratory Infection (URI), Bacterial Conjunctivitis.

- · Condition is Stable.
- Discharge Instructions: Eye Pink Eye (Bacterial Conjunctivitis), Upper Respiratory Infection (URI), Child.
- Prescriptions for

Gentamicin 0.3 % (3 mg/g) Ophthalmic Ointment

- apply 1/2 inch ribbon by OPHTHALMIC route 2-3 times daily for 7 days; 3.5 gram.
- Follow up: Margaret Springer; When: 3 days; Reason: Recheck today's complaints.
- · Problem is new.
- · Symptoms are unchanged.

Signatures:

Felty, John, MD MD jjf Jennings, Jacqueline jc3
Gardner, Glyn, RN RN dgg Barlow, Kerri, Scribe Scribe klb2

Name: Aaliyah

Print Time, 10/1/2019 13:15:42

Account#: K29787082

Page 3 of 3

MRN: 1116206

## Page 1751 of 1758

Nurse's Notes

Name: Aalivah

Age: 0 yrs Sex: Female DOB: 10-01 2013

Arrival Date: 04/21/2014 Time: 13:00

Willis Knighton South

MRN: 1116206

Account#: K29787082

Private MD: Springer, Margaret,

**Bed** 16-A Presentation:

04/21 Preferred language for medical communication is English. Presenting complaint: Mother states: I think she

13:21 has a cold. She has cold to her eyes and a runny nose. Person Transporting: Parent. Transition of care:

patient was not received from another setting of care.

13:23 Acuity: 4 - Semi-Urgent.

13:25 Method of Arrival: Carried.

dr4

dr4

Triage Assessment:

13:21 General: Appears in no apparent distress, well developed, well nourished, well groomed, Behavior is appropriate for age. Pain: Denies pain. Faces, Legs. Activity. Cry. Consolability scale score is 0 out of 10. dr4

dr4

Historical:

• Allergies: No known drug Allergies;

Home Meds:

1. No Home Medications

· PMHx: nicu graduate

• PSHx: None

Historical:

15:54 Family history: No immediate family members dgg

are acutely ill. Immunization history: Childhood immunizations up to date.

16:11 The history from nurses notes was reviewed klb2 and confirmed.

Screening:

13:21 Abuse screen:

Denies threats or abuse. Patient fall risk assessment; risks identified; is an infant.

Learning Barriers:

No barriers to teaching and learning identified.

Pedi Fall Risk None Identified.

#### Assessment:

dgg 15:55 Infant assessment: Fontanels are flat, soft. Pain: level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. General: Appears in no apparent distress, well developed, well nourished, well groomed. Behavior is cooperative, appropriate for age, pleasant. Neuro: Level of Consciousness is alert, awake. EENT: Eyes are tearing on right eye and left eye Sclera/Cornea are reddened in right eye and left eye Parent/caregiver reports the patient having nasal discharge that is yellow. Cardiovascular: Capillary refill < 3 seconds is brisk in bilateral fingers. Respiratory: Respiratory effort is even, unlabored. Respiratory pattern is regular, symmetrical, Breath sounds are coarse in left lower lobe. Derm: Skin is healthy with good turgor. Skin is dry, Skin is normal, Skin temperature is warm.

Vital Signe

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff
13:21		127	24	99.0	100% on R/A	5.53 kg / 12 lbs 3 oz	0/10	dr4
16:25								dgg

Vitals:

13:21 Acuity: 4 - Semi-Urgent.

dr4

Claedow Coma Score

Time	Eve Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
13:21	spontaneous(4)	coos, babbles(5)	spontaneous(6)		15	dr4

ED Course:

13:00 Patient arrived in ED.

ms2

## Nurse's Notes Con't

	13:00 Patient moved to KIOSK.	ms2
	13:21 Patient placed in waiting room Patient notified of wait time.	dr4
	13:25 Springer, Margaret Ann, MD is Private Physician.	dr4
	13:25 Triage completed.	dr4
	13:25 Patient moved to Waiting.	dr4
	15:44 Gardner, Glyn, RN is Primary Nurse.	dgg
	15:44 Patient moved to 16-A.	dgg
	15:56 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Instructed to ca for assist when getting up, verbalized understanding. Patient has correct armband on for positive identification. Adult with patient.	ll dgg
	16:04 Felty, John, MD is Attending Physician.	jjf
	16:08 Patient moved to Radiology.	hm2
	16:08 Chest 2 View *routine* Sent.	hm2
	16:12 Patient moved to 16-A.	hm2
	16:21 Springer, Margaret Ann, MD is Referral Physician.	jjf
	16:25 No procedures done that require assistance.	dgg
1	Administered Medications:	
Ì	No medications were administered	
	Outcome:	
	16:22 Discharge ordered by MD.	jjf
	16:43 Discharged to home, carried. Discharge instructions given to patient, Instructed on discharge instructions, follow up and referral plans, medication usage, Demonstrated understanding of instructions, Prescriptions given; 1, No questions or concerns expressed to me at discharge. No belongings were removed by WK staff. Medication reconcilliation form provided. Med Effects: Patient recieved no medications during th visit. Oxygen use: Oxygen use not applicable.	
	16:44 Electronic medical record closed.	dgg
:	Signatures:	
	BAD III Cordner Chin PN RN day	٦

Felty, John, MD	MD jjf	Gardner, Glyn, RN	RN	dgg
Scriptuser, MEDHOST	ms2	Roe, David. RN	RN	dr4
Barlow, Kerri, Scribe	Scribe klb2	McCain, Haley, RT	RT	hm2

Name: Aaliyah MRN: 1116206 Account#: K29787082

Print Time 10/1 2019 13:15:53

# Case 5:19-cv-00163-EEF-MLH Document 49-4 Filed 05/07/20 Page 328 of 333 PageID #: 1368 Page 1753 of 1758

Patient Name:

Unit No: K000629604 SS#: 338-89-3614

Admitting Diagnosis:

EXAM# TYPE/EXAM

RESULT

001004432 XR/CHEST 2 VIEW \*ROUTINE\*

MODE OF TRANSPORTATION: STR - STRETCHER

02: N

REASON FOR EXAM: Cold Symptoms

Baby ID#: EMER

REASON FOR EXAM: Cold Symptoms

FRONTAL AND LATERAL VIEWS OF THE CHEST:

REASON FOR EXAM: COLD SYMPTOMS.

DICTATED TIME: 4:26 PM

INTERPRETIVE LOCATION: WKB

The cardiothymic silhouette is normal. There is no focal consolidation or perihilar opacity. No pneumothorax or pleural effusion is seen. Trachea is in appropriate position. The osseous structures appear satisfactory.

#### IMPRESSION:

No acute intrathoracic abnormality.

\*\* REPORT ELECTRONICALLY SIGNED 04/24/2014 (1249) \*\*

Reported By: KOREY BURGIN, MD (ELEC. SIGN) WKS

Signed By: BURGIN, KOREY P

04/24/2014 1249

CC: Springer, Margaret Ann M.D.

Transcribed Date/Time: 04/21/2014 (2035)

Transcriptionist: GRIMEC.RD

Printed Date/Time: 10/03/2019 (1039)

Tech: JAIME SEPULVADO RIVERS,

PAGE 1 Signed Report Printed From PCI

WILLIS-KNIGHTON SOUTH
2510 BERT KOUNS INDUSTRIAL LOOP
SHREVEPORT, LOUISIANA 71118
A NOT FOR PROFIT HOSPITAL
SERVING THE ARK-LA-TEX SINCE 1925

Name: L Phys: Brandhurst, Roy E M.D.

DOB: 10/01/2013 Age: 4Y 4M Sex: F

Acct No: K29787082 Loc: UNK

Exam Date: 04/21/2014 Status: UNK

Radiology No:

RUN DATE: 04 RUN TIME: 1331 RUN USER: HARTJ.AM

llis Knighton ath \*ADMISSION INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name:

Serv/Locn: ERS

DOB: 10/01/13 Age: 06M 20D

Rm/Bd: Unit#: K000629604

Account#: K29787082

Sex: F Status: ER EPI#: 000000001116206

> Last Update/ Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Pharmacy Allergy List (Coded Allergies), historical data: (Duplicate names represent coding within (3) categories: Ingredient, Generic and Class allergy codes.)

Interdisciplinary Allergy Source Document is a Permanent Part of the Patient's Medical Record

> 10/01/13 06M 20D Felty, John J M.D. K29787082

04/21/14

Willis Knighton South and Center for Women Is Health

# Willis Knighton South

2510 Bert Kouns Industrial Loop Shreveport, LA 71118 318-212-5500

Discharge Instructions for:

Arrival Date:

04/21/14 13:00

Care Complete Time:

04/21/14 16:22

Thank you for choosing Willis Knighton South for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Felty, John, MD

Diagnosis:

Upper Respiratory Infection (URI); Bacterial Conjunctivitis

DISCHARGE INSTRUCTIONS	FORMS	
Eye - Pink Eye (Bacterial Conjunctivitis) Upper Respiratory Infection (URI), Child	None	
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS	
Springer, Margaret Ann (Pediatrics) When: 3 days; Reason: Recheck today's complaints	Gentamicin	
SPECIAL NOTES		
None		

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if

Aaliyah Henderson MRN # K000629604

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays witl also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

**MEDICATIONS:** 

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy

06M 20D John J M.D. 04/21/14 Felty, Jo. K29787082

# FOLLOW UP INSTRUCTIONS

Springer, Margaret Ann, MD (Pediatrics) P.O. BOX 33932 SHREVEPORT 71130 318-675-6082 When: 3 days

Reason: Recheck today's complaints

### **PRESCRIPTIONS**

Gentamicin 0.3 % (3 mg/g) Ophthalmic Ointment Apply 1/2 inch ribbon by OPHTHALMIC route 2-3 times daily for 7 days; 3.5 gram

## **TESTS AND PROCEDURES**

Labs

None

Rad

Chest 2 View \*routine\*

**Procedures** 

None

Other

Call X-Ray Tech

10/01/13 06M 20D Felty, John J M.D. K29787082

04/21/14











- ASSIGNMENT OF BENEFITS

  1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.
- 2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.
- 3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry. bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.
- 4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.
- 5. Payment Guaranty and Assignment of Insurance Benefits: 1. the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment. WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 04/21/14

Admission Time: 1300





10/01/13 06M Felty, John J M.D. K29787082 04/21/14

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### ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one—third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

- 6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.
- 7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.
- 8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.
- 9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

Aignature of Patient/Guardian

Date/Time

Print Name

Authorized Party's

Authorized Party's

Relationship to the Patient

Date/Time

Witness

Date/Time

Witness

Date/Time

Witness

Date/Time

Admission Date: 04/21/14
Admission Time: 1300
AM3349\_2
Revised 10/01/2013
Committee Approved 12/13/2013
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10/D1/12 D6M

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